



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000116402</b>			
1. Entity Name <b>JACKIE RADICE, P.A.</b>			
Principal Place of Business <b>412 WARREN LANE KEY BISCAVNE, FL 33149</b>		Mailing Address <b>412 WARREN LANE KEY BISCAVNE, FL 33149</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		 04162007 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>02-0748498</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RADICE, JACKIE 412 WARREN LANE KEY BISCAVNE, FL 33149</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>  000000736448 05/10/07-80076-022 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RADICE, JACKIE 412 WARREN LANE KEY BISCAVNE, FL 33149		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RADICE, MARCELO L 412 WARREN LANE KEY BISCAVNE, FL 33149		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		4-23-07 305-361-9838	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	