2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2006 8:00 am Secretary of State

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DOCUMENT # P05000116885 1. Entity Name LISA SAPONARO PH D, INC.							04-24-20	06 9035	4 009 ***1	150.00	
Principal Place			Mailing Address						0000		
10661 NW 14TH ST., STE. 234 10661 NW 14TH ST., STE PLANTATION, FL 33322 PLANTATION, FL 33322									9368		
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2. Principal Place of Business 1469 NW 129 MW Suite, Apt. #, etc.			3. Mailing Address 1469 NW 129 m way Suite, Apt. #, etc.		1 125/1612 13			E1131 0.31 12 31			
oute, Apt.	#, etc.		oute, Apr. 3, oto.			04062006	Chg-P	CR2E	034 (11/05)		
City & State		A	Sunrise FL			4. FEI Numbe 2.0	-3384	604		plied For t Applicable	
333	23	Country	33323	Country		5. Certificate	of Status Desired		\$8.75 Add Fee Require		
	6. Name	and Address of Current F	Registered Agent	Name	· •	7. Name and	Address of New	Registered	Agent		
SAPONARO, LISA					<u>L15</u>	sa Sc	zpona				
10661 NW 14TH ST., STE. 234 ⊝PLANTATION, FL 33322				Street A	Street Address (P.O. Box Number is Not Acceptable)						
				City C	1469 NIW 129TM Way						
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	named entitions of regis		r the purpose of changing its	registered office of	r register	ed agent, or bo	in, in the State of F	norida. I ar	n tamiliar with,	and accept	
SIGNATURE Signature, Implicator priction number of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstatung) DATE								e i			
SIGNATURE	Signiature.)	or privid name of registered agent a	and title if applicable. (NOTE	Registered Agent signa	ture required	t when reinstating)		DATE	-202		
Fil	E NOWIII	or priod rune of registered agent a	9. Election Campai	gn Financing	\$5.	.00 May Be		DATE	-2024	<u> </u>	
Fil	E NOWIII ay 1, 200	FEE IS \$150.00	9. Election Campaignum Trust Fund Contr	gn Financing	\$5. Add	.00 May Be ed to Fees	CHANGES TO OF		ID DIRECTOR	S IN 11	
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1 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 of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of

SIGNATURE:

IRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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