

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-24-2006 90354 009 ***150.00

DOCUMENT # P05000116885

1. Entity Name
LISA SAPONARO PH D, INC.



Principal Place of Business
10661 NW 14TH ST., STE. 234
PLANTATION, FL 33322

Mailing Address
10661 NW 14TH ST., STE. 234
PLANTATION, FL 33322

60029368



2. Principal Place of Business
1469 NW 129th Way
Suite, Apt. #, etc.

3. Mailing Address
1469 NW 129th Way
Suite, Apt. #, etc.

04062006 Chg-P CR2E034 (11/05)

City & State
Sunrise FL
Zip
33323 Country

City & State
Sunrise FL
Zip
33323 Country

4. FEI Number
20-3384604 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAPONARO, LISA
10661 NW 14TH ST., STE. 234
PLANTATION, FL 33322

7. Name and Address of New Registered Agent

Name
Lisa Saponaro
Street Address (P.O. Box Number is Not Acceptable)
1469 NW 129th Way
City
Sunrise FL Zip Code
33323

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

DATE
4-20-06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
D SAPONARO, LISA ☐ Delete
STREET ADDRESS
10661 NW 14TH ST., STE. 234
CITY-ST-ZIP
PLANTATION, FL 33322

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D. Lisa Saponaro ☒ Change ☐ Addition
STREET ADDRESS
1469 NW 129th Way
CITY-ST-ZIP
Sunrise FL 33323

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
4-20-06 954560956 7

DATE

Daytime Phone #