2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 17, 2007 8:00 am Secretary of State

					~~~		or State	~	
DOCUMENT # P05000121716  1. Entity Name ZOE TRIFILIO PFAFFMAN, P.A.					04-1′	7-2007 90048	017 ***150.00	)	
Principal Place	e of Business	Mailing Address			400	CAMSA			
,			ur.		400	64734			
105 1/2 WOODLAND DRIVE 105 1/2 WOODLAND DRIVE					-				
PONTE VEDRA BEACH, FL-32082 PONTE VEDRA BEACH, FL-32			<del>L-32082</del>			•			
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Principal Place of Business - No P.O. Box # 3. Mailing Address						819)		( <b>5 )</b> ((( <b>5 )</b> ) (1 ) <b>1 (5 )</b>	
1 -		3. Mailing Address	0.	j		1196 1586 41566 <b>11</b> 866 4186	B. 14814 (1881 (1811 1884) (18	<b>! 1</b> 14511   1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	3082 South Third Street 2221 Walker E			-one					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04092007	Chg-P	CR2E034 (12/0	06)	
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City & State				ļ	4. FEI Number			Applied For	
Lice	onville Back, FL	Jacksonville			56-2530	302		Not Applicable	
Zìp	Country	Zip	Country	ì	5 Certificate o	f Status Desired	□ \$8.75	Additional	
3>250	usa	132246	LISA-		J. Certinicate C	diamed Desired	Fee Req	uired	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
				Name					
PFAFFMAN, ZOE T CONTROL OF THE PERSON OF THE									
105 1/2 WG	OODLAND DRIVE 👙 🥙		Street A	Street Address (P.O. Box Number is Not Acceptable)					
PONTE VE	DRA BEACH; FL 32082	<del></del>	<u> </u>						
	$^{\circ}\Theta_{\mathbf{x}}$ .		223	. I	- Walk	er Ble	no Lane	2	
(			City					Code	
			70	10 K2	onville			246	
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 acce								ith, and accept	
the obligations of registered agent.									
SIGNATURE									
<u> </u>									
FILE NOW!!! FEE IS \$150.00  9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee will be \$550.00  Trust Fund Contribution.  Added to Fees									
L									
10.	OFFICERS AND	DIRECTORS	11.	,	ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECT	ORS IN 11	
TITLE	DPST	Delete	TITLE	1			Chan	ige 🔲 Addition	
NAME	PFAFFMAN, ZOE TRIFILIO		NAME	1			( 0 4		
STREET ADDRESS 105 1/2 WOODLAND DRIVE			STREET ADDRESS	222	n water	er Cilenn	i cont		
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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 as the property of the pr									
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: Sin My year Zec T. Pfaffman 4/14/07 9042412533									