

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90188 036 ***150.00

DOCUMENT # P05000122061						
1. Entity Name L. BRITTO, P.A.						
Principal Place of Business 4330 NW 35TH STREET GAINESVILLE, FL 32605			Mailing Address 4330 NW 35TH STREET GAINESVILLE, FL 32605			
2. Principal Place of Business - No P.O. Box # 1012 BITTERSWEET BRANCH COURT		3. Mailing Address 1012 BITTERSWEET BRANCH COURT				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL		4. FEI Number 20-3420865		
Zip 32259		Country DUVAL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BRITTO, LEANDRO R 4330 NW 35TH STREET GAINESVILLE, FL 32605		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1012 BITTERSWEET BRANCH COURT City JACKSONVILLE FL Zip Code 32259				
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 4/10/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE P	NAME BRITTO, LEANDRO R		<input type="checkbox"/> Delete	TITLE 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4330 NW 35TH ST	CITY-ST-ZIP GAINESVILLE, FL 32605			STREET ADDRESS 1012 BITTERSWEET BRANCH COURT	CITY-ST-ZIP JACKSONVILLE, FL 32259	
TITLE NAME	STREET ADDRESS 		<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 	CITY-ST-ZIP 			STREET ADDRESS 	CITY-ST-ZIP 	
TITLE NAME	STREET ADDRESS 		<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 	CITY-ST-ZIP 			STREET ADDRESS 	CITY-ST-ZIP 	
TITLE NAME	STREET ADDRESS 		<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 	CITY-ST-ZIP 			STREET ADDRESS 	CITY-ST-ZIP 	
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STREET ADDRESS 	CITY-ST-ZIP 			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:				Date 4/10/07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small>		