


FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90039 013 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000139105 1. Entity Name GUILLERMO E BARZOLA, P.A.					
Principal Place of Business 2503 DEL PRADO BLVD SUITE 500 CAPE CORAL, FL 33904 US		Mailing Address 1625 SW 17TH PLACE CAPE CORAL, FL 33991 US			
2. Principal Place of Business - No P.O. Box # <i>2517 Santa Barbara Blvd</i>		3. Mailing Address			
Suite, Apt. #, etc. # 11		Suite, Apt. #, etc.			
City & State <i>Cape Coral, FL</i>		City & State			
Zip 33914		Country Lee		4. FEI Number 20-3623467	
5. Certificate of Status Desired <input type="checkbox"/>		<input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LARROW, PAUL L 3501 DEL PRADO BLVD SUITE 312 CAPE CORAL, FL 33904			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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) DATE</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 NAME STREET ADDRESS CITY-ST-ZIP	DPST BARZOLA, GUILLERMO E <input type="checkbox"/> Delete 1625 SW 17TH PLACE CAPE CORAL, FL 33991		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GUILLERMO E. BARZOLA 1808 SW 22ND LN CAPE CORAL FL 33991	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Guillermo E Barzola</i> Guillermo E Barzola - President 3-8-07 239 573 4916					

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03082007 Chg-P CR2E034 (12/06)

4. FEI Number **20-3623467** Applied For Not Applicable

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