

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000151733

Entity Name: ROSA M. QUINTELA CPA PA

FILED
Apr 26, 2007
Secretary of State

Current Principal Place of Business:

13902 N DALE MABRY HWY
STE 118
TAMPA, FL 33618

Current Mailing Address:

P O BOX 340254
TAMPA, FL 336940254

New Principal Place of Business:

13902 N DALE MABRY HWY
STE 118
TAMPA, FL 33618 US

New Mailing Address:

P O BOX 340254
TAMPA, FL 336940254 US

FEI Number: 20-3791559

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUINTELA, ROSA M
13902 N DALE MABRY HWY
STE 118P
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

QUINTELA, ROSA M
13902 N DALE MABRY HWY
STE 118
TAMPA, FL 33618 US

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.

SIGNATURE:

04/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,D () Delete
Name: QUINTELA, ROSA M
Address: 13902 N DALE MABRY HWY STE 118
City-St-Zip: TAMPA, FL 336242212

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,D (X) Change () Addition
Name: QUINTELA, ROSA M
Address: 13902 N DALE MABRY HWY STE 118
City-St-Zip: TAMPA, FL 33618 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSA M QUINTELA

PRES

04/26/2007

Electronic Signature of Signing Officer or Director

Date