

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000167535

FILED  
May 01, 2006  
Secretary of State

Entity Name: LAW OFFICES OF WALLACE ROZEFORT, P.A.

## Current Principal Place of Business:

2530 SILVER STAR RD  
ORLANDO, FL 32804

## New Principal Place of Business:

## Current Mailing Address:

2530 SILVER STAR RD  
ORLANDO, FL 32804

## New Mailing Address:

FEI Number: 34-2059060

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROZEFORT, WALLACE  
2530 SILVER STAR RD  
ORLANDO, FL 32804 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ROZEFORT, WALLACE  
Address: 2530 SILVER STAR RD  
City-St-Zip: ORLANDO, FL 32804

Title: VP ( ) Delete  
Name: CHARLES, ALILIA  
Address: 2410 CONTINENTAL BOUL.  
City-St-Zip: ORLANDO, FL 32808

Title: ST ( ) Delete  
Name: AURELUS, MICHELLE  
Address: 2410 CONTINENTAL BOUL.  
City-St-Zip: ORLANDO, FL 32808

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: WALLACE ROZEFORT

P

05/01/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date