

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2007 8:00 am
Secretary of State

06-15-2007 90021 030 ***150.00

DOCUMENT # P06000000947					
1. Entity Name KAREN A. CACO, P.A.					
Principal Place of Business 1575 PINE RIDGE ROAD STE 10 NAPLES, FL 34109			Mailing Address 1575 PINE RIDGE ROAD STE 10 NAPLES, FL 34109		
2. Principal Place of Business - No P.O. Box # 720 FIFTH AVENUE SOUTH Suite, Apt. #, etc. Suite 200 City & State NAPLES, FL Zip 34102 Country USA		3. Mailing Address 720 FIFTH AVENUE SOUTH Suite, Apt. #, etc. Suite 200 City & State NAPLES, FL Zip 34102 Country USA			
4. FEI Number 05162007 Chg-P CR2E034 (12/06)		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent CACO, KAREN 1575 PINE RIDGE ROAD STE 10 NAPLES, FL 34109			
7. Name and Address of New Registered Agent Name: CACO, KAREN Street Address (P.O. Box Number is Not Acceptable): 720 FIFTH AVENUE SOUTH Suite 200 City: NAPLES, FL Zip Code: 34102		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: <i>Karen Aco</i> DATE: 5/16/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CACO, KAREN A 1575 PINE RIDGE ROAD STE 10 NAPLES, FL 34109 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CACO, KAREN A 720 FIFTH AVENUE SOUTH, Suite 200 NAPLES, FL 34102 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 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 of 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>Karen Aco</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 5/16/07 Daytime Phone #		

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