FILED
May 17, 2007 8:00 am
Secretary of State

05-17-2007 90031 045 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000006035

1. Entity Name
BARBARA A. BELLANI, P.A.

40115256

04022007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
11555 HERON BAY BLVD. SUITE 301 CORAL SPRINGS, FL 33076	6592 NW 4TH STREET MARGATE, FL 33063

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5810 CORAL Ridge DR.	
Suite, Apt. #, etc.: Suite 100	Suite, Apt. #, etc.
City & State: CORAL SPRINGS	City & State
Zip: 33076 Country: USA	Zip Country

4. FEI Number 56 2552921 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BELLANI, BARBARA A
6592 NW 4TH STREET
MARGATE, FL 33063

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 Barbara Bellani PRES BARBARA Bellani 5-15-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	BELLANI, BARBARA A	
STREET ADDRESS	6592 NW 4TH STREET	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	VP	☐ Delete
NAME	BELLANI, ROBERT E	
STREET ADDRESS	6592 NW 4TH STREET	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
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: Barbara A. Bellani 4-9-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #