## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

May 11, 2007 8:00 am Secretary of State **DOCUMENT # P06000023316** 05-11-2007 90023 032 \*\*\*150.00 1. Entity Name LUIS D. CARREJA, P.A. Principal Place of Business Mailing Address 4020 1 WEST MERRITT ISLAND CAUSEWAY 1 WEST MERRITT ISLAND CAUSEWAY MERRITT ISLAND, FL 32952 MERRITT ISLAND, FL 32952 2. Principal Place of Business - No P.O. 8ox # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04092007 Chg-P CR2E034 (12/06) 4. FEI Number 20-139 5818 Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARREJA, LUIS D Street Address (P.O. Box Number is Not Acceptable) 1 WEST MERRITT ISLAND CAUSEWAY MERRITT ISLAND, FL 32952 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees . OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. P. S TITI F Delete TITLE ☐ Change Addition NAME CARREJA, LUIS D NAME STREET ADDRESS 1 WEST MERRITT ISLAND CAUSEWAY STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND, FL 32952 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED