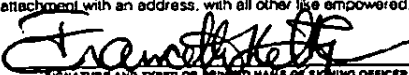


FILED
Apr 06, 2007 8:00 am
Secretary of State

3/1

03-19-2007 90068 005 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000029732					
1. Entity Name FRANCETTE K. CICERON P.A.					
Principal Place of Business 410 E BOYNTON BEACH BLVD BOYNTON BEACH, FL 33435 US			Mailing Address 410 E BOYNTON BEACH BLVD BOYNTON BEACH, FL 33435 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
			4. FEI Number 20-4406595		Applied For Not Applicable
			5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent JOHN PORTER ACCOUNTING INC 400 S FEDERAL HWY 404 BOYNTON BEACH, FL 33435				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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CICERON, FRANCETTE K 8123 SW 22ND ST UNIT A BOCA RATON, FL 33428	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 filers empowered.					
SIGNATURE: 			03/14/07 (516) 414-5511		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		

ATTACHMENT

66008344
PD6000029732

• print • close

CHECK 716

Date: 03/22/2007

Amount: \$ 150.00

magnify

FRANCETTE K. CICERON
550032072, NADON CICERON
9123 SILV 22 STREET, #UNIT A
BOCA RATON, FL USA 33428-7612

ES-8666
2660
3107658338

716

Date 03/14/07

FLA DEPT OF STATE \$ 150.00

Pay to the order of
one hundred fifty 00/100

citibank
CITIBANK N.A. BR 974
2662 WEST HILLSBORO BOULEVARD
DEERFIELD BEACH, FL 33442

IN 20-4406525

Francette K. Ciceron

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ENT=1395 TRC=1397 PK=28

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DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT. # 1008068798

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ATTACHMENT

66008344

P06000029732

MAKE CHECK PAYABLE TO:	AMOUNT	SIGN & MAIL BY
FLA DEPT OF REVENUE	\$	
FLA. DEPT OF STATE	\$150.00	X
FLORIDA U.C.T. FUND	\$	
YOUR BANK	\$	
UNITED STATES TREASURY	\$	