2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000032371

Name:

Address:

City-St-Zip:

TRITTIPO, NICOLE

616 NE 16 AVE, APT. 2

FT LAUDERDALE, FL 33304

Entity Name: CAROLINE APPIS, ATTORNEY AT LAW, P.A.

FILED Aug 07, 2007 Secretary of State

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Current Principal Place of Business:			New Principal Pl	New Principal Place of Business:	
5815 SE FEDERAL HWY SUITE 65			SUITE 65		
STUART, FL 34997			STUART, FL 349	STUART, FL 34997	
Current Mailing Address:			New Mailing Add	New Mailing Address:	
5815 SE FEDERAL HWY SUITE 65 STUART, FL 34997			5955 SE FEDERAL HWY SUITE 65 STUART, FL 34997		
FEI Number:		FEI Number Applied For()	FEI Number Not Applicable (>	() Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addre	Name and Address of New Registered Agent:	
APPIS, CAROLINE 8526 SW SEA CAPTAIN DR STUART, FL 34997 US			8526 SW SEA CA	TRITTIPO, THOMAS 8526 SW SEA CAPTAIN DR STUART, FL 34997 US	
The above in the State	named entity sub of Florida.	omits this statement for the pu	rpose of changing its regis	tered office or registered agent, or both,	
SIGNATURE: THOMAS TRITTIPO				08/07/2007	
Electronic Signature of Registered Agent			nt	Date	
Election Car	npaign Financing T	rust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () De BEDLEY, PATRIC 3130 NE 43RD ST FT LAUDERDALE,	Α	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () De CORNABY, JACQU 4021 TRAVIS ST DALLAS, TX 7520	JELINE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D ()De	elete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: CAROLINE APPIS DIR. 08/07/2007