## 2007 FOR PROFIT CORPORATION -ANNUAL REPORT

## FILED Mar 14, 2007 8:00 am Secretary of State 02-08-2007 90035 036 \*\*\*150.00

DOCUMENT # P06000039780  1. Entity Name ADRIENNE E. SKINNER, P.A.															
Principal Place	e of Business		Ma	ailing Address							Dτ	יטטי	JV	O T	
633 N KROME AVE HOMESTEAD, FL 33030				633 N KROME AVE HOMESTEAD, FL 33030				,							
2. Principal Place of Business - No P.O. Box # 3				3. Mailing Address											
Suite, Apt. #, etc.				Suite. Apt. #, etc.				01272007	Chg-P	CR2	2E03	4 (12/0	6)		
City & State			(	City & State				4. ZEI Numb	3923	237			_	ied For Applicable	
Zip	Country Zip				Country				of Status Desire		F	8.75 ee Requ		onal	
	6. Name and Address of Current Registered Agent							7. Name and	Address of No	rw Registen	ed A	geni		<del>.</del>	
SPIEGEL & UTRERA, P.A.						Name									
1840 SW 22ND ST. 4TH FLOOR						Street Add	dress (f	P.O. Box Numb	er is Not Accep	(ektati					
MIAMI, FL 33145						<u></u>	_								
						City				F	FL.	Zip C	ode		
	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 lamiliar with, and accept the obligations of registered agent.														
SIGNATURE	Signeaure, typed	or printed name of registered agent	end :54 (	TOH) eldecide (NOT)	E: Registere	d Agent signeture	required	when remetaling)		DAT	TE				
FILE NOWIII FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.							\$5. Addi	00 May Be ed to Fees							
· 10.		OFFICERS AND	DIREC		11.			ADDITIONS	CHANGES TO	OFFICERS A	_				
NAME	PSTD SKINNER, ADRIENNE E ESQ			☐ Deleta							☐ Chang	ė	Addition		
STREET ADDRESS CITY-ST-ZIP	633 N KR	ÓME AVE EAD, FL 33030				ET ADDRESS - ST-ZIP									
TITLE		<del></del>		☐ Celete	nate	E						Chang	e	☐ Addition	
NAME	1				NAM	ſ									
STREET ADDRESS CITY-ST-ZIP				· · · · · · · · · · · · · · · · · · ·		ET ADORESS -SI-ZIP		<del></del>							
TITLE				☐ Datete	THILL							Chang	e	Addition	
NAME STREET ADORESS						ET ADORESS									
CITY-ST-ZIP					CHY	-ST-ZIP									
TITLE				Delete	titus							Chang	e	Addition	
NAME STREET ADDRESS					NAM SIRE	ET ADDRESS									
CITY-ST-ZIP	l				1	-ST-ZIP									
TITLE				☐ Delete	ritte							Chang	•	Addition	
NAME STREET ADDRESS					NAM	E ADDRESS									
CITY-ST-ZIP						-\$1-ZIP									
TITLE				☐ Delete	LITTE		•			-		Chang	е :	Addition	
NAME					NAM.	- 1									
STREET ADDRESS CITY-S1-ZIP						ET ADORESS - SI-ZIP									
12. Thereby certify that the Information supplied with this filling does not dualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the Information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or director of the corporation or the receiver or trustage ampowered to execute his 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 impowered.													rmation director lock 11 if		
SIGNATURE: Line 2/2/07															
		STATUTE AND THEFT OF	SPINITED.	MAME OF SIGNING OFFICER	OF DIRECT	TOP			Dele		Des	ome Pr a			