


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90161 011 ***150.00

DOCUMENT # P06000046298

1. Entity Name
LUCIANA AZEVEDO, P.A.



Principal Place of Business
489 BRIDGE CREEK BLVD.
OCOE, FL 34761 US

Mailing Address
489 BRIDGE CREEK BLVD.
OCOE, FL 34761 US

2. Principal Place of Business - No P.O. Box #
5318 SEGARI WAY

3. Mailing Address
5318 SEGARI WAY

Suite, Apt. #, etc.

City & State
WINDERMERE FL

City & State
WINDERMERE FL

Zip
34786

Country



03142008 Chg-P CR2E034 (12/06)

4. FEI Number
20-4604169

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
AZEVEDO, LUCIANA
489 BRIDGE CREEK BLVD.
OCOE, FL 34761

7. Name and Address of New Registered Agent
 Name
Luciana Azevedo
 Street Address (P.O. Box Number is Not Acceptable)
5318 SEGARI WAY
 City
WINDERMERE FL Zip Code
34786

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 AZEVEDO, LUCIANA 489 BRIDGE CREEK BLVD. OCOE, FL 34761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Luciana Azevedo 5318 SEGARI WAY WINDERMERE FL 34786 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: *L. Azevedo* **05/28/2008**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #