

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90048 048 ***150.00

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04302007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000051287 1. Entity Name LEONCIO R. SUAREZ P.A.																																																					
Principal Place of Business 1041 N.W. 80 TERR PLANTATION, FL 33322			Mailing Address 1041 N.W. 80 TERR PLANTATION, FL 33322																																																		
2. Principal Place of Business - No P.O. Box # 8060 N.W. 10 CT			3. Mailing Address 8060 N.W. 10 CT																																																		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 																																																		
City & State Plantation, FL		City & State Plantation FL		4. FEI Number 20-4653555																																																	
Zip 33322		Country Broward		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																	
6. Name and Address of Current Registered Agent SUAREZ, LEONCIO R 1041 N.W. 80 TERR PLANTATION, FL 33322				7. Name and Address of New Registered Agent Name SUAREZ, LEONCIO R. Street Address (P.O. Box Number is Not Acceptable) 8060 N.W. 10 CT City Plantation FL Zip Code 33322																																																	
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 (NOTE: Registered Agent signature required when reinstating) DATE 04-30-07																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 55%; padding: 2px;"> P SUAREZ, LEONCIO R 1041 N.W. 80 TERR PLANTATION, FL 33322 </td> <td style="width: 10%; padding: 2px; text-align: center;"> <input checked="" type="checkbox"/> Delete </td> <td style="width: 15%; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 55%; padding: 2px;"> P SUAREZ, LEONCIO R 8060 N.W. 10 CT PLANTATION, FL 33322 </td> <td style="width: 10%; padding: 2px; text-align: center;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: center;"><input type="checkbox"/> Delete</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: center;"><input type="checkbox"/> Delete</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: center;"><input type="checkbox"/> Delete</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: center;"><input type="checkbox"/> Delete</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: center;"><input type="checkbox"/> Delete</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: center;"><input type="checkbox"/> Delete</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUAREZ, LEONCIO R 1041 N.W. 80 TERR PLANTATION, FL 33322	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUAREZ, LEONCIO R 8060 N.W. 10 CT PLANTATION, FL 33322	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Leoncio R. Suarez (P.) 04-30-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																					