


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2007 8:00 am
Secretary of State

09-13-2007 90001 015 ***150.00

DOCUMENT # P06000055515	
1. Entity Name EVERYTHING LEGAL, INC.	

Principal Place of Business 6741 MIRAMAR PARKWAY MIRAMAR, FL 33023	Mailing Address 6741 MIRAMAR PARKWAY MIRAMAR, FL 33023
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50001786

2. Principal Place of Business - No P.O. Box # 14120 S.W. 52 Street	3. Mailing Address 14120 S.W. 52 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.



07062007 Chg-P CR2E034 (12/06)

City & State Miramar, FL	City & State Miramar
Zip 33027	Country USA

4. FEI Number 20-4729095	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MITCHELL, SONIA 6741 MIRAMAR PARKWAY MIRAMAR, FL 33023	
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7. Name and Address of New Registered Agent Name Sonia Mitchell Street Address (P.O. Box Number is Not Acceptable) 14120 S.W. 52 Street City Miramar FL Zip Code 33027	
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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 <u>Sonia Mitchell</u> DATE <u>9/7/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MITCHELL, SONIA 6741 MIRAMAR PARKWAY MIRAMAR, FL 33023 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sonia Mitchell President 14120 S.W. 52 Street Miramar, FL 33027 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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: <u>Sonia Mitchell</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>9/7/07</u> <u>954-665-3028</u> <small>Date Daytime Phone #</small>