

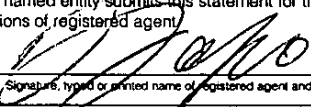
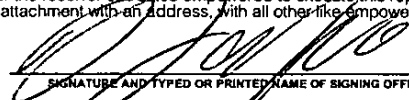


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90195 015 \*\*\*150.00

<b>DOCUMENT # P06000078620</b> 1. Entity Name <b>DANIEL I. GALAPO, P.A.</b>					
Principal Place of Business <b>3250 NE 28TH STREET #406 FORT LAUDERDALE, FL 33308</b>			Mailing Address <b>4855 NW 99TH LANE CORAL SPRINGS, FL 33076</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip      Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip      Country			
03312007      Chg-P      CR2E034 (12/06)				4. FEI Number <b>20-5012562</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SAWYER, THOMAS R II 6550 N FEDERAL HWY 330 FORT LAUDERDALE, FL 33308</b>			7. Name and Address of New Registered Agent Name <b>Daniel I Galapo</b> Street Address (P.O. Box Number is Not Acceptable) <b>3250 NE 28TH #406</b> City <b>Fort Lauderdale</b> <b>FL</b> Zip Code <b>33308</b>		
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 <b>4/17/07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GALAPO, DANIEL I 3250 NE 28TH STREET #406 FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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: 			4/17/07      (954) 648-9957 <small>Date      Daytime Phone #</small>		