

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000090668

FILED  
Apr 10, 2007  
Secretary of State

Entity Name: MAINELLI AND HERZBERG CPAS, INC.

## Current Principal Place of Business:

1911 IOWA AVE. NE  
ST. PETERSBURG, FL 33703

## New Principal Place of Business:

1911 IOWA AVE. NE  
ST. PETERSBURG, FL 33703

## Current Mailing Address:

1911 IOWA AVE. NE  
ST. PETERSBURG, FL 33703

## New Mailing Address:

1911 IOWA AVE. NE  
ST. PETERSBURG, FL 33703

FEI Number: 20-5228515

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MAINELLI, KARI  
1911 IOWA AVE. NE  
ST. PETERSBURG, FL 33703 US

## Name and Address of New Registered Agent:

MAINELLI, KARI  
1911 IOWA AVE. NE  
ST. PETERSBURG, FL 33703 US

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.

SIGNATURE:

04/10/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MAINELLI, KARI  
Address: 1911 IOWA AVE. NE  
City-St-Zip: ST. PETERSBURG, FL 33703

Title: VD ( ) Delete  
Name: HERZBERG, JAN  
Address: 1966 ILLINOIS AVE. NE  
City-St-Zip: ST. PETERSBURG, FL 33703

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MAINELLI, KARI  
Address: 1911 IOWA AVE. NE  
City-St-Zip: ST. PETERSBURG, FL 33703

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARI MAINELLI

PD

04/10/2007

Electronic Signature of Signing Officer or Director

Date