


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

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

03-19-2007 90060 025 \*\*\*150.00

<b>DOCUMENT # P06000094624</b>							
1. Entity Name LISETTE CAMEJO-PAAN, P.A.							
Principal Place of Business 4530 NW 60TH LANE COCONUT CREEK, FL 33073 US			Mailing Address 4530 NW 60TH LANE COCONUT CREEK, FL 33073 US				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
CAMEJO-PAAN, LISETTE 4530 NW 60TH LANE COCONUT CREEK, FL 33073			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City		FL	Zip Code	
			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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$160.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PRES <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	CAMEJO-PAAN, LISETTE	NAME					
STREET ADDRESS	4530 NW 60TH LANE	STREET ADDRESS					
CITY-ST-ZIP	COCONUT CREEK, FL 33073	CITY-ST-ZIP					
TITLE	VP <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	PAAN, JUAN L	NAME					
STREET ADDRESS	4530 NW 60TH LANE	STREET ADDRESS					
CITY-ST-ZIP	COCONUT CREEK, FL 33073	CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME		NAME					
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TITLE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME		NAME					
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CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
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: Lisette Camejo-Paan <i>Lisette Camejo-Paan</i>				03/14/07 954-464-0462			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Pres.				Date Daytime Phone #			

~~40037052~~



01172007 Chg-P CR2E034 (12/06)

Applied For  
 Not Applicable

FL Zip Code