

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000095542

FILED
Sep 12, 2008
Secretary of State

Entity Name: SONIA FEO, P.A.

Current Principal Place of Business:

P. O. BOX 267892
WESTON, FL 33326

New Principal Place of Business:

527 TALAVERA RD
WESTON, FL 33326

Current Mailing Address:

P. O. BOX 267892
WESTON, FL 33326

New Mailing Address:

527 TALAVERA RD
WESTON, FL 33326

FEI Number: 20-5235538

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEO, SONIA
527 TALAVERA RD
WESTON, FL 33326 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: FEO, SONIA
Address: P. O. BOX 267892
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify 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: SONIA M. FEO

PST

09/12/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date