

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000123160

Entity Name: PAGE-LOZANO, PA

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

3750 GUNN HIGHWAY
SUITE #304
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 270190
TAMPA, FL 33688

New Mailing Address:

FEI Number: 20-5657498

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAGE-LOZANO, JENNIFER L ESQ.
3750 GUNN HIGHWAY
SUITE #304
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

MONTES DE OCA LAW GROUP, LLC
2701 W. BUSCH BLVD.
SUITE #111
TAMPA, FL 33618 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: JUAN C. MONTES DE OCA

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PAGE-LOZANO, JENNIFER L ESQ.
Address: P.O. BOX 270190
City-St-Zip: TAMPA, FL 33688

Title: VP () Delete
Name: PAGE-LOZANO, JENNIFER L ESQ.
Address: P.O. BOX 270190
City-St-Zip: TAMPA, FL 33688

Title: S () Delete
Name: PAGE-LOZANO, JENNIFER L ESQ.
Address: P.O. BOX 270190
City-St-Zip: TAMPA, FL 33688

Title: T () Delete
Name: PAGE-LOZANO, JENNIFER L ESQ.
Address: P.O. BOX 270190
City-St-Zip: TAMPA, FL 33688

Title: DIR. () Delete
Name: PAGE-LOZANO, JENNIFER L ESQ.
Address: P.O. BOX 270190
City-St-Zip: TAMPA, FL 33688

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: JENNIFER PAGE-LOZANO

P

04/16/2009

Electronic Signature of Signing Officer or Director

Date