## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 23, 2007 8:00 am Secretary of State

DOCUMENT # P06000130663  1. Entity Name							04-09-2	9-2007 90069 022 ***150.00		
ANABELI	LE DIAS 8	& ASSOCIATES,	P.A.							
Principal Plac	e of Business	<u> </u>	Mailing Address			1				
1226 E 7TH AVE TALLAHASSEE, FL 32303 1226 E 7TH AVE TALLAHASSEE, FL 32303										
Principal Place of Business - No P.O. Box # 3. Mailing Address					<del></del>					
Suite, Apt. #, etc.			Suite, Apr. #, etc.			03282007	Chg-P	CR2E0	34 (12/06)	
City & State			City & State			4. FEI Numb	5037	494	. —	oplied For of Applicable
Zip		Country	Zip	Cour	ntry	5. Certificate	of Status Desired		8.75 Add ee Require	
	6. Name	and Address of Curren	t Registered Agent		Name	7. Name and	Addrass of Now	Registered A	gent	
NRAI SER	VICES, IN	c.								
2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331					Street Address (P.O. Box Number is Not Acceptable)					
					City			FL	Zip Cod	<del>0</del>
B. The shove	named entity	v submits this statement i	or the purpose of changing i	ite remister	ed office or registe	red agent or bo	th in the State of F		amiliar with	and accept
SIGNATURE.	Sgrature, typed	or printed name of registered ager	t and title if applicable. (N	OTE: Registere	nd Agent signature require	d when renstating)		DATE		·
		FEE 18 \$150.00 7 Fee will be \$550	9. Election Camp Trust Fund Co			.00 May Be ded to Fees				
10.	р	OFFICERS AND		11.	····	ADDITIONS	CHANGES TO OF	FICERS AND		
TITLE .	I -	ABELLE, 5	☐ Dotete	, IIIU NAM	1				Change	Addition:
STREET ADDRESS CITY-ST-ZIP	1226 E 7T TALLAHA	H AVE SSEE, FL 32303			EET ADDRESS F-ST-ZIP					
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NAME STREET ADDRESS CITY-ST-ZIP					EET ADORESS 1-SI-ZIP					-
TITLE		·	☐ Delete	บก		<del></del> -			Change	Addition
NAME	[			NAM	•					_
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NAME STREET ADDRESS				HAM	ET ADORESS					
CITY-SI-ZIP					·ST-ZIP					
tine			☐ Delete	TITL	· I				☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP					LET ADORESS ST-ZIP					
indicated of the cor	l on this repor rooration or th	rt or supplemental report ne receiver or trustee emp	th this filing does not qualify is true and accurate and that powered to execute this repo- wilf all other like empowere	I my signa at as requi	ture shall have the	same legal effect	t as if made under	oath; that I ar	n an officer	or director
SIGNAT			# T			<u></u>	4-07	(85d)	177-	3127
••		SIGHATURE AND TYPES OF	PRINTED WATER OF SIGNING OFFICE	S ON DIREC	TOR		Date	<u></u>	time Prone #	

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000130  1. Enlity Name ANABELLE DIAS & ASSOCIATES, P	,		ATTACHMENT						
Principal Place of Business 1226 E 7TH AVE TALLAHASSEE, FL 32303	Mailing Address 1226 E 7TH AVE TALLAHASSEE, FL 32:	303	66010555						
2. Principal Place of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.	Suite, Apt. #, etc.		03282007 Chg-P CR2E034 (12/06)						
City & State	City & State		4, FEI Number 037 49 Applied For Not Applicable						
Zip Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required						
6. Name and Address of Current R	legistered Agent	Name	7. Name and Address of New Registered Agent						
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331		Street Address	Street Address (P.O. Box Number is Not Acceptable)						
		City	FI Zip Code						
The above named entity submits this statement for the obligations of registered agent.	the purpose of changing its	registered office or regis	stored agent, or both, in the State of Florida. I am familiar with, and accept						
SIGNATURE	•								
Signature, typed or privided name of regrishred agen) as	nd life if applicable. (NOT	L'; Hagistered Agent signature requi	red wher rehalding) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.0	9. Election Campa O Trust Fund Cont		5.00 May Be udded to Fees						
10. OFFICERS AND D		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11						
NAME DIAS, ANABELLE	☐ Delete	TITLE NAME	Change Addition						
STREET ADDRESS   1226 E 7TH AVE CITY-ST-ZIP TALLAHASSEE, FL 32303		STREET ADDRESS CITY-ST-ZIP							
tine	C) Delete	ITILE	☐ Change ☐ Addition						
MAME STREET ADDRESS CITY-ST-ZP		NAME STREET ADDRESS CITY-ST-ZIP							
TITLE	☐ Delete	INTLE	☐ Change ☐ Addition						
NAME STREET ADDRESS		NAME STREET ADDRESS							
CITY-ST-ZIP TITLE	n <sub>e</sub>	CITY-ST-ZIP							
NAME	☐ Detete	NAME	☐ Change ☐ Addition						
STREE ADDRESS CITY-ST-ZIP		STREET ADDRESS CHY+SI-2IP							
TITLE	☐ Delete	TITLE	☐ Change ☐ Addilion						
NAME STREET ADDRESS		NAME EXPECT ADDRESS	3-14-3						
CITY-SI-ZIP		STREET ADDRESS CITY-ST-ZIP							
TITLE	☐ Dalete	TITLE	Change Addition						
KAME STREET ADDRESS CITY-ST-ZIP		HAME STREET ADORESS CITY-ST-ZIP							
12. I hereby certify that the information supplied with this litting 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 abother like empowered.									
SIGNATURE:	The same of the same of	`	1119 (05) 57.319						