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Secretary of State

04-11-2008 90030 038 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P07000054892

1. Entity Name

JEAN CARLO LA SORTE, P.A.

66010177

1st MOORE CR2E034 (10/07)

Principal Place of Business	Mailing Address
4242 NW 2ND ST APT #901 MIAMI FL 33126	4242 NW 2ND ST APT #901 MIAMI FL 33126

2. Principal Place of Business - No P.O. Box # 4242 NW 2nd ST Apt		3. Mailing Address 4242 NW 2nd ST	
Suite, Apt. #, etc. #901		Suite, Apt. #, etc. #901	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33126	Country USA	Zip 33126	Country USA

4. FEI Number 14-1996948 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LA SORTE, JEAN C
4242 NW 2ND ST APT #901
MIAMI FL 33126

7. Name and Address of New Registered Agent

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 ______________________ DATE

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JEAN CARLO LA SORTE 4242 NW 2nd ST APT#901 MIAMI FL 33126	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] 04/28/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #