

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2008 8:00 am
Secretary of State

06-25-2008 90009 019 ***150.00

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DOCUMENT # P07000103012 1. Entity Name JOAN FOUGNER, P.A.			
Principal Place of Business 2039 SE 10TH AVE., #512 FT. LAUDERDALE, FL 33316		Mailing Address 2039 SE 10TH AVE., #512 FT. LAUDERDALE, FL 33316	
2. Principal Place of Business - No P.O. Box # 1800 N. Bayshore Dr. #1604 Suite, Apt. #, etc. Miami FL City & State 33132 USA Zip Country		3. Mailing Address 1800 N. Bayshore Dr. #1604 Suite, Apt. #, etc. Miami FL City & State 33132 USA Zip Country	
4. FEI Number 05212008		Chg-P CR2E034 (12/06)	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent FOUGNER, JOAN J 2039 SE 10TH AVE., #512 FT. LAUDERDALE, FL 33316		7. Name and Address of New Registered Agent Name Joan Fougner Street Address (P.O. Box Number is Not Acceptable) 1800 N Bayshore Dr. #1604 City Miami FL Zip Code 33132	
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 6-18-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FOUGNER, JOAN J 2039 SE 10TH AVE., #512 FT. LAUDERDALE, FL 33316	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:		Date 6/18/08 Daytime Phone 786-877-9883	