


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90042 024 ***150.00

DOCUMENT # P93000038855	
1. Entity Name LEO J. PAUL, P.A.	

Principal Place of Business 407 LINCOLN RD. 11 C MIAMI BEACH FL 33139	Mailing Address 407 LINCOLN RD. 11 C MIAMI BEACH FL 33139
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2. Principal Place of Business - No P.O. Box # 1320 S DIXIE HWY Suite, Apt. #, etc. PH 1275	3. Mailing Address 1320 S DIXIE HWY Suite, Apt. #, etc. PH 1275
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1st MOORE CR2E034 (10/06)

City & State CORAL GABLES FL	City & State CORAL GABLES FL
Zip 33146	Country MIAMI-DADE

4. FEI Number 65-0413759	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PAUL, LEO J 407 LINCOLN RD. 11 C MIAMI BEACH FL 33139	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1320 S DIXIE HWY PH 1275 City CORAL GABLES FL Zip Code 33146	
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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 <u><i>Leo J Paul</i></u> DATE <u>3/30/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
D PAUL, LEO J 407 LINCOLN RD. MIAMI BEACH FL 33139	
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"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1320 S DIXIE HWY PH 1275 CORAL GABLES FL 33146	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Leo J Paul</i></u> LEO J PAUL D DATE <u>3/30/07</u> DAYTIME PHONE # <u>305-132-0100</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
