2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000070694

1. Entity Name

J.T. O'NAGHTEN, JR., P.A.



FILED Feb 02, 2007 08:00 AM Secretary of State

Principal Place of Business

2950 SW 27TH AVENUE

SUITE 300 MIAMI, FL 33133 Mailing Address

2950 SW 27TH AVENUE

SUITE 300

MIAMI, FL 33133



DO	NOT	WRITE	IN T	THIS	SPACE
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No Chg-P CR2E034 (11/05) 01082007

4. FEI Number 65-0064541

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

O'NAGHTEN, JUAN T 2950 SW 27TH AVENUE SUITE 300 MIAMI, FL 33133

DO NOT WRITE IN THIS SPACE

8.	The above named entity submits this statement for the purpose of chan the obligations of registered agent.	iging its registered office or registered agent, or both	, in the State of Florida. I am familiar with, and accept
SI	GNATURE		
	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstating)	DATE

0.00

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	cing [\$5.00 May Be Added to Fees	000000617968 02/08/07-80010-025 150		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT DPST O'NAGHTEN, JUAN T 2950 SW 27TH AVENUE MIAMI, FL 33133	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY+ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				2	•		

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:

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR