

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90095 017 ***150.00

DOCUMENT # P93000083011

1. Entity Name

LEGAL ACTION WORKS INCORPORATED



Principal Place of Business

230 VIA D'ESTE
APT. 1504
DELRAY BEACH FL 33445
US

Mailing Address

230 VIA D'ESTE
APT. 1504
DELRAY BEACH FL 33445
US



2. Principal Place of Business - No P.O. Box #

770 PALM BAY LANE

3. Mailing Address

770 PALM BAY LANE

Suite, Apt. #, etc.

4-I

Suite, Apt. #, etc.

4-I

1st MOORE

CR2E034 (10/06)

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0474066

Applied For

Not Applicable

Zip

33138

Country

USA

Zip

33138

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WARREN, PATRICIA J
230 VIA D'ESTE
APT. 1504
DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

770 PALM BAY LANE

STE 4-I

City

MIAMI

FL

Zip Code
33138

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

Patricia J. Warren

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03/20/07

DATE

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: P
NAME: WARREN, PATRICIA J
STREET ADDRESS: 230 VIA D'ESTE, APT. 1504
CITY- ST- ZIP: DELRAY BEACH FL 33445 ☐ Delete

TITLE: T
NAME: WARREN, PATRICIA J
STREET ADDRESS: 230 VIA D'ESTE, APT. 1504
CITY- ST- ZIP: DELRAY BEACH FL 33445 ☐ Delete

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☒ Change ☐ Addition
NAME:
STREET ADDRESS: 770 PALM BAY LANE STE 4-I
CITY- ST- ZIP: MIAMI, FL 33138

TITLE: ☒ Change ☐ Addition
NAME:
STREET ADDRESS: 770 PALM BAY LANE STE 4-I
CITY- ST- ZIP: MIAMI, FL 33138

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

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:

Patricia J. Warren

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/20/07 561-346-4665

Date

Daytime Phone #