


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90054 002 ***150.00

DOCUMENT # P93000085150	
1. Entity Name JOSEPH J. SOROTA, JR., P.A.	

Principal Place of Business 28100 US HWY 19 NO SUITE 504 CLEARWATER, FL 33761 US	Mailing Address 28100 US HWY 19 N SUITE 504 CLEARWATER, FL 33761 US
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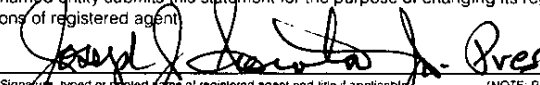
2. Principal Place of Business - No P.O. Box # 29750 US Hwy 19 No	3. Mailing Address 29750 US Hwy 19 No
Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc. Suite 200
City & State Clearwater FL	City & State Clearwater FL
Zip 33761	Zip 33761
Country US	Country US



01172008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent SOROTA, JOSEPH J JR 28100 US HWY 19 N, SUITE 504 29750 US Hwy 19 No CLEARWATER, FL 33761 Suite 200		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 29750 US Highway 19 North Suite 200 City Clearwater FL Zip Code 33761	
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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.

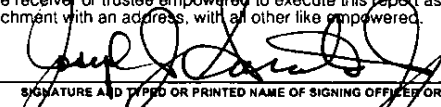
SIGNATURE:  Pres DATE: **March 6, 2008**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SOROTA, JOSEPH J 2201 PADDOCK CIRCLE DUNEDIN, FL <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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 an other like empowered.

SIGNATURE:  DATE: **March 6, 2008** DAYTIME PHONE #: **727-785-9494**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR