


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90103 042 \*\*\*150.00

**DOCUMENT # P94000013150**

1. Entity Name  
**WELZIEN & COMPANY, CPA'S, P.A.**



Principal Place of Business <b>350 JIM MORAN BLVD.          STE 220          DEERFIELD BEACH, FL 33442 US</b>	Mailing Address <b>350 JIM MORAN BLVD.          STE 220          DEERFIELD BEACH, FL 33442 US</b>
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**DO NOT WRITE IN THIS SPACE**



03022007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0469254</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STANLEY, ROBERTA G ESQ  
 SUITE 1900, NEW RIVER CENTER  
 200 EAST LAS OLAS BLVD.  
 FT. LAUDERDALE, FL 33301**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS WELZIEN, JAMES S 350 JIM MORAN BLVD. STE 220 DEERFIELD BEACH, FL 33442
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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: X *[Signature]* \_\_\_\_\_ Date: X *4/18/07* \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR