

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90039 021 ***158.75

DOCUMENT # P94000021259

1. Entity Name

FLORIDA PROFESSIONAL BUSINESS BROKERS, INC.



Principal Place of Business

2430 S. ATLANTIC AVE.
B
DAYTONA BEACH SHORES FL 32118
US

Mailing Address

189 GULL CIRCLE NORTH
DAYTONA BEACH FL 32119
US



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

189 Gull Circle North

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAYTON BEACH, FL

City & State

Zip
32119

Country
USA

Zip

Country

4. FEI Number 59-3230171

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

CHARLA, PAUL M PRESIDE
189 GULL CIRCLE N
DAYTONA BEACH FL 32119

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Paul M. Charla - PAUL M. CHARLA Pres.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-20-07

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 | DP | <input type="checkbox"/> Delete |
| NAME | CHARLA, PAUL | |
| STREET ADDRESS | 189 GULL CIRCLE N | |
| CITY- ST- ZIP | DAYTONA BEACH FL 32119 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | CHARLA, MICHAEL | |
| STREET ADDRESS | 189 GULL CIRCLE N | |
| CITY- ST- ZIP | DAYTONA BEACH FL 32119 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | CHARLA, ANNALENA | |
| STREET ADDRESS | 1312 MUNSTER CIRCLE | |
| CITY- ST- ZIP | ORMOND BEACH FL 32174 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Paul M. Charla - PAUL M. CHARLA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-07 386-788-8878

Date

Daytime Phone #