


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000089511
 1. Entity Name
 ANTHONY T. LEPORE ESQ., P.A.



Principal Place of Business 1890 NW 139 TERR SUITE 200 PEMBROKE PINES, FL 33028 US	Mailing Address P.O. BOX 823662 SOUTH FLORIDA, FL 33082-3662 US
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04082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0636175	Fee For Not applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

LEPORE, ANTHONY T
 1890 NW 139 TERR
 SUITE 200
 PEMBROKE PINES, FL 33028

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	PD LEPORE, ANTHONY T 1890 NW 139 TERR, SUITE 200 PEMBROKE PINES, FL 33028
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 04/29/06-80029-020 150.00

DO NOT WRITE IN THIS SPACE

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 of this report, or on an attachment with an address, with all other like empowered.

SIGNATURE: Anthony T. Lepore, President 4/12/06 954-433-2126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone No.