

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2007 8:00 am
Secretary of State

06-20-2007 90043 001 ***450.00

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1. Entity Name
BRIDGETTE HIBBERT, P.A.



Principal Place of Business Mailing Address
13749 NW 18 COURT **13749 NW 18 COURT**
PEMBROKE PINES, FL 33028 US **PEMBROKE PINES, FL 33028 US**

66019506



2. Principal Place of Business and P.O. Box # 3. Mailing Address
0565 Taff Street **13749 NW 18 COURT**
Suite, Apt. #, etc. **207** Suite, Apt. #, etc.
City & State **Hollywood, FL** City & State **Pembroke Pines**
Zip **33024** Country **U.S.** Zip **33028** Country **U.S.**

05252007 Chg-P CR2E034 (12/06)

4. FEI Number **65-0703431** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

OLAIGBE, OLA
18441 N.W. 2ND AVENUE
SUITE 220
MIAMI, FL 33169

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HIBBERT, BRIDGETTE O 460 N.W. 90TH STREET MIAMI, FL 33150	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD WILLIAMS, ALVIN 460 N.W. 90TH STREET MIAMI, FL 33150	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 all other like empowered.

SIGNATURE:

Bridgette Hibbert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/07 *(954) 274-2778*
Date Daytime Phone #