


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

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| DOCUMENT # P96000104359 1. Entity Name LAW OFFICES OF ROBIN L. BODIFORD, P.A. |  |
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| Principal Place of Business 2550 N. FEDERAL HWY #20 FORT LAUDERDALE, FL 33305 | Mailing Address 2550 N. FEDERAL HWY #20 FORT LAUDERDALE, FL 33305 |
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DO NOT WRITE IN THIS SPACE



04072007 No Chg-P CR2E034 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 65-0715619 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

BODIFORD, ROBIN L
2550 N. FEDERAL HWY
SUITE 220
FORT LAUDERDALE, FL 33305

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

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST BODIFORD, ROBIN L 2550 N. FEDERAL HWY, STE 20 FORT LAUDERDALE, FL 33305 |
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05/15/07-80061-003 150.00

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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:  Robin-L. Bodiford  954-630-2707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #