


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90196 022 \*\*\*150.00

<b>DOCUMENT # P97000017151</b>					
<b>1. Entity Name</b> JAY R. TOME, P.A.					
<b>Principal Place of Business</b> 8300 NW 53 ST STE 300 MIAMI, FL 33166			<b>Mailing Address</b> 8300 NW 53 ST STE 300 MIAMI, FL 33166		
<b>2. Principal Place of Business - No P.O. Box #</b> 15500 New Barn Road		<b>3. Mailing Address</b> 15500 New Barn Road			
Suite, Apt. #, etc. Suite 104		Suite, Apt. #, etc. Suite 104			
City & State Miami Lakes, FL		City & State Miami Lakes, FL			
Zip 33014	Country USA	Zip 33014	Country USA	01222007    Chg-P    CR2E034 (12/06)	
<b>4. FEI Number</b> 65-0730298				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  TOME, JAY R ESQ. 8300 NW 53 ST STE 300 MIAMI, FL 33166			<b>7. Name and Address of New Registered Agent</b> Name <u>Tome, Jay R. Esq.</u> Street Address (P.O. Box Number Is Not Acceptable) <u>15500 New Barn Road, Suite 104</u> City <u>Miami Lakes</u> <b>FL</b> Zip Code <u>33014</u>		
<b>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.</b> SIGNATURE <u>[Signature]</u> <u>Jay R. Tome</u> <u>4-14-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete TOME, JAY R ESQ. 8300 NW 53 STREET MIAMI, FL 33166		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Tome, Jay R. Esq. 15500 New Barn Road Miami Lakes, FL 33166	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u> <u>Jay R. Tome</u> <u>Director</u> <u>4-14-07</u> <u>305</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>403-0125</u> <small>Daytime Phone #</small>		