## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 28, 2008 08:00 AM Secretary of State DOCUMENT # P97000017151 1. Entity Name JAY R. TOME, P.A. Principal Place of Business Mailing Address 15500 NEW BARN RD 15500 NEW BARN RD STE. 104 STE. 104 HIALEAH, FL 33014 HIALEAH, FL 33014 No Chg-P CR2E034 (11/05) 01102008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0730298 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent TOME, JAY R ESQ. DO NOT WRITE 15500 NEW BARN ROAD **STE 104** IN THIS SPACE MIAMI LAKES, FL 33014 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME TOME, JAY R ESQ STREET ADDRESS 15500 NEW BARN RD. SUITE 104 CITY-ST-ZIP HIALEAH, FL 33014 TITLE *U00000*842542 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 Chapter 119, Fiorida 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 an other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**FILED**