


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-19-2007 90413 011 ***150.00

DOCUMENT # P97000034086 1. Entity Name THOMAS KOUJALES PA					
Principal Place of Business 8529 VIA SERENA BOCA RATON FL 33433			Mailing Address 8529 VIA SERENA BOCA RATON FL 33433		
2. Principal Place of Business - No P.O. Box # 7721 MANSFIELD HOLLOW RD		3. Mailing Address 7721 MANSFIELD HOLLOW RD			
Suite, Apt. #, etc. RD		Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06)			
City & State DELRAY BCH. FLORIDA		City & State DELRAY BCH. FLORIDA		4. FEI Number 65-0745015	
Zip 33446		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 33446		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KOUJALES, THOMAS 445 COLUMBUS ST. SEBASTIAN FL 32958			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7721 MANSFIELD HOLLOW RD. City DELRAY BEACH		
State FL			Zip Code 33446		
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: <i>Thomas Koujales</i> PRESIDENT					
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)					
DATE 4-15-07					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME KOUJALES, THOMAS		<input type="checkbox"/> Delete		
STREET ADDRESS 8529 VIA SERENA	CITY- ST- ZIP BOCA RATON FL 33433		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VPTS	NAME KOUJALES, BARBARA		<input type="checkbox"/> Delete		
STREET ADDRESS 8529 VIA SERENA	CITY- ST- ZIP BOCA RATON FL 33433		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY- ST- ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY- ST- ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY- ST- ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY- ST- ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Thomas Koujales</i> THOMAS KOUJALES 4-15-07 561 496-0777					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					