

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000038259

1. Entity Name

LAW OFFICES OF WILLIAM F. SOUZA, P.A.



Principal Place of Business

155 NW 167TH ST
 PENTHOUSE
 NORTH MIAMI BCH FL 33169
 US

Mailing Address

155 NW 167TH ST
 PENTHOUSE
 NORTH MIAMI BCH FL 33169
 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0752880**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOUZA, WILLIAM
 155 NW 167TH ST
 PENTHOUSE
 NORTH MIAMI BCH FL 33169

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
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: Delete
 NAME: SOUZA, WILLIAM F
 STREET ADDRESS: 13010 KEYSTONE TERRACE
 CITY- ST- ZIP: NORTH MIAMI FL 33181

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY- ST- ZIP:

TITLE: Delete
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TITLE: Delete
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 STREET ADDRESS:
 CITY- ST- ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Change Addition
 NAME:
 STREET ADDRESS: U00000653397
 CITY- ST- ZIP: 03/13/07-80019-024 150.00

TITLE: Change Addition
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TITLE: Change Addition
 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Souza

2-27-07 305 632 4611

Date

Daytime Phone #