

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90050 009 \*\*\*150.00

**DOCUMENT # P98000031818**

1. Entity Name  
DEIRDRE DIBIAGGIO, P.A.



40029118

Principal Place of Business  
2900 MIDDLE STREET STE 700  
MIAMI, FL 33133

Mailing Address  
2900 MIDDLE STREET STE 700  
MIAMI, FL 33133

2. Principal Place of Business - No P.O. Box #  
**121 ALHAMBRA PLAZA**  
Suite, Apt. #, etc.  
**1603**

3. Mailing Address  
**121 ALHAMBRA PLAZA**  
Suite, Apt. #, etc.  
**1603**



02222007 Chg-P CR2E034 (12/06)

City & State  
**CORAL GABLES, FL**  
Zip  
**33134** Country  
**MIAMI-DADE**

City & State  
**CORAL GABLES**  
Zip  
**33134** Country  
**MIAMI-DADE**

4. FEI Number  
65-0824223

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

DIBIAGGIO, DEIRDRE  
121 ALHAMBRA PL  
STE 1603 PENTHOUSE I  
MIAMI, FL 33134

**7. Name and Address of New Registered Agent**

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 *D. D. B.*  
Signature, typed or printed name of registered agent and title if applicable.

*2/27/2007*  
DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ O ☐ Delete  
DIBIAGGIO, DEIRDRE  
2900 MIDDLE STREET STE 700  
MIAMI, FL 33133

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
DEIRDRE DIBIAGGIO  
121 ALHAMBRA PLAZA, SUITE 1603  
CORAL GABLES, FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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: *D. D. B.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/27/2007* *305.443.1212*  
Date Daytime Phone #