

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000101658

Entity Name: SIGLINDE SPERBER, P.A.

FILED
Jan 30, 2007
Secretary of State

Current Principal Place of Business:

14577 66TH ST NORTH
LOXAHATCHEE, FL 33470

New Principal Place of Business:

981 HILLCREST CT.
#206
HOLLYWOOD, FL 33021

Current Mailing Address:

14577 66TH ST NORTH
LOXAHATCHEE, FL 33470

New Mailing Address:

981 HILLCREST CT.
206
HOLLYWOOD, FL 33021

FEI Number: 65-0885388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPERBER, SIGLINDE M
14577 66TH ST NORTH
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

SPERBER, SIGLINDE M
981 HILLCREST CT.
206
HOLLYWOOD, FL 33021 US

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.

SIGNATURE: SIGLINDE SPERBER

01/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SPERBER, SIGLINDE M
Address: 14577 66TH ST NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SPERBER, SIGLINDE M
Address: 981 HILLCREST CT.
City-St-Zip: HOLLYWOOD, FL 33021

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGLINDE SPERBER

D

01/30/2007

Electronic Signature of Signing Officer or Director

Date