2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 05, 2007 08:00 AM Secretary of State

DOCUMENT # P9900001 1. Entity Name JAMES & BIELEJESKI, P.A.		
Principal Place of Business 4367 NORTH FEDERAL HIGHWAY STE. 101 FT. LAUDERDALE, FL 33308	Mailing Address 4367 NORTH FEDERAL HIGHW FT. LAUDERDALE, FL 33308	AY STE. 101



DO NOT WRITE IN THIS SPACE

01032007 No Chg-P CR2E034 (11/05)

Applied For

4. FEI Number 65-0900428

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BIELEJESKI, JOHN JR. 4367 NORTH FEDERAL HIGHWAY STE. 101 FT. LAUDERDALE, FL 33308

DO NOT WRITE IN THIS SPACE

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							
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	·		
10.	OFFICERS AND DIREC	CTORS					
THILE NAME STREET ADDRESS CITY-ST-ZIP	PS BIELEJESKI, JOHN JR. 4367 NORTH FEDERAL HIGHWAY S FT. LAUDERDALE, FL 33308	STE. 101	<u>.</u>		U00000576843 01/05/07-80002-018 150.00		
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12. Thereby certify that the information supplied with this filling 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 path; that I am an officer or director							

12.1 referon certify that the information supplied with this fung does not quality for the exemptions contained in Chapter 119, Florida Statutes. I turther 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

NATURE AND TYPED OR PRINTED NAME OF SCHING OFFICER OR DIRECTOR

1-3-2007

954-772-8222

Daytime Phone