
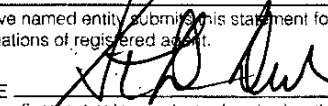


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2008 8:00 am
Secretary of State

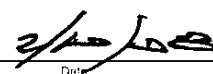
02-21-2008 90029 032 ***150.00

DOCUMENT # P99000058235			
1. Entity Name 2701 PROFESSIONAL BLDG., INC.			
Principal Place of Business 2701 NE 14TH ST CAUSEWAY, SUITE 2 POMPANO BEACH FL 33062		Mailing Address 2701 NE 14TH ST CAUSEWAY, SUITE 2 POMPANO BEACH FL 33062	
2. Principal Place of Business - No P.O. Box # 11946 N. 14th Way		3. Mailing Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sarasota AR		City & State	
Zip 85259	Country	Zip	Country
6. Name and Address of Current Registered Agent PRADE, THOMAS J 2701 NE 14TH ST CAUSEWAY, SUITE 2 POMPANO BEACH FL 33062		7. Name and Address of New Registered Agent Dubrow, Laker + Associates PA 5401 N UNIVERSITY DR, SUITE 204 Cinn Springs FL 33667	
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 		DATE	
SIGNATURE, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reappointing)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD PRADE, THOMAS J 2701 NE 14TH ST CAUSEWAY, SUITE 2 POMPANO BEACH FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11946 N. 14th Way Sarasota AR 85259 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: X


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


Date

Daytime Phone #