

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 08:00 AM
Secretary of State

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1. Entity Name

LAW OFFICES OF STEPHANIE P. CAWEIN, P.A.



Principal Place of Business

507 SOUTHEAST ELEVENTH COURT
FT. LAUDERDALE, FL 33316 US

Mailing Address

507 SOUTHEAST ELEVENTH COURT
FT. LAUDERDALE, FL 33316 US



04042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0951747

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAWEIN, STEPHANIE P ESQ
507 SOUTHEAST ELEVENTH COURT
FT. LAUDERDALE, FL 33316

**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

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000827584
04/21/08-80026-006 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME CAWEIN, STEPHANIE P ESQ
STREET ADDRESS 507 SOUTHEAST ELEVENTH COURT
CITY-ST-ZIP FT. LAUDERDALE, FL 33316

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephanie P Cawein 4/4/08

Date

Daytime Phone #

954-
764 7007