



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # S03245 1. Entity Name OLESIEWICZ & DEQUINO, P.A.	
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Principal Place of Business 2101 W COMMERCIAL BLVD. SUITE 4800 FT. LAUDERDALE, FL 33309	Mailing Address 2101 W COMMERCIAL BLVD. SUITE 4800 FT. LAUDERDALE, FL 33309
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DO NOT WRITE IN THIS SPACE

	
01082007 No Chg-P CR2E034 (11/05)	
4. FEI Number 65-0219454	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent OLESIEWICZ, THOMAS S. 2101W COMMERCIAL BLVD SUITE 4800 FT LAUDERDALE, FL 33309

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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U00000587934
01/17/07-80053-001 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS OLESIEWICZ, THOMAS S. 2101W COMMERCIAL BLVD SUITE 4800 FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS DEQUINO, ANTHONY 2101W COMMERCIAL BLVD SUITE 4800 FT LAUDERDALE, FL
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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:  *V. Paas* 1-11-07 954-731-5555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #