2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # S09969 1. Entity Name ANDREA BLACK, P.A.				Secretary of State			
Principal Place 200 ERNESTI ORLANDO, FL	INE ST	Mailing Address 200 ERNESTINE ST ORLANDO, FL 32801 US			(8) 8 8 8 8(6 48)		B11 #10 BB BB
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ח	O NOT WRITE	IN THIS SOA	CE.	01042007	No Chg-P	CR2E034 (11/	
	O NOT WINTE	III IIIIO OFA		4. FEI Number 59-305		-	Applied For Not Applicable
				5. Certificate	of Status Desired	\$8.75 Fee Req	Additional
	6. Name and Address of Current Re	1		E			
BLACK, AN 200 ERNES ORLANDO			3	- 1 · 1 · 1	NOT W		(1) (1) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
the obligation	named entity submits this statement for tions of registered agent.				h, in the State of Flo		with, and accept
	Signature, typed or printed name of registered agent and	1 utle il applicable (NOTE: Registere	ed Agent signature required	(when reinstating)		DATE	
FILE After Ma	E NOW!!! FEE IS \$150.00 ny 1, 2007 Fee will be \$550.00	S. Election Campaign Finar Trust Fund Contribution.		.00 May Be led to Fees			
10.	OFFICERS AND D	IRECTORS	J		Terr w		
NAME STREET ADDRESS CITY-ST-ZIP	PST BLACK, ANDREA 200 ERNESTINE ST ORLANDO, FL 32801			•			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				,	U0000057 01/09/07-80	77993 2011-012 15	50.00
TITLE NAME			•			* * * * * * * * * * * * * * * * * * * *	

DO NOT WRITE 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 empoweed 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 given like empowered.

SIGNATURE:

STREET ADDRESS

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/07 407-849-52