


**2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Aug 09, 2007 8:00 am**  
**Secretary of State**

08-09-2007 90055 022 \*\*\*150.00

DOCUMENT # S37288  
 1. Entity Name  
 FRANCIS R. LAKEL, P.A.



Principal Place of Business Mailing Address  
 715 SWANN AVENUE 715 SWANN AVENUE  
 TAMPA FL 33606 TAMPA FL 33606



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 2650 Hilola Street 2650 Hilola Street  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

2nd MOORE CR2E034 (4/07)

City & State City & State  
 Miami, FL Miami, FL  
 Zip Country Zip Country  
 33133 USA 33133 USA

4. FEI Number 59-2266905 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 LAKEL, FRANCIS R.  
 715 SWANN AVENUE  
 TAMPA FL 33606

7. Name and Address of New Registered Agent  
 Name FRANCIS R. LAKEL  
 Street Address (P.O. Box Number is Not Acceptable)  
 2650 Hilola Street  
 City Miami FL Zip Code 33133

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 *Francis R. Lakel* DATE 7/31/07  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**DUE BY September 5, 2007**  
**Make Check Payable to Florida Department of State**

S.607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LAKEL, FRANCIS R.	
STREET ADDRESS	715 SWANN AVE.	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCIS R. LAKEL	
STREET ADDRESS	2650 Hilola St.	
CITY-ST-ZIP	Miami, FL 33133	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 an other like empowered.

SIGNATURE: *Francis R. Lakel* DATE 7/31/07 DAYTIME PHONE # 813-416-9213  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR