2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2008 8:00 am
Secretary of State
01-29-2008 90028 026 ***150.00

DOCUMENT # V17448

1. Entity Name

LAW OFFICES OF ANTHONY B. BORRAS, P.A.

Principal Place of Business	Mailing Address
101 SE 10TH ST FORT LAUDERDALE FL 33316 US	101 SE 10TH ST FORT LAUDERDALE FL 33316 US

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
7390 NW 5th STREET		7390 NW 5th STREET	
Suite, Apt. #, etc. 10		Suite, Apt. #, etc. 10	
City & State PLANTATION Fl		City & State PLANTATION Fl.	
Zip 33317	Country USA	Zip 33317	Country USA

4. FEI Number 65-0315248 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BORRAS, ANTHONY B 101 SE 10TH ST FORT LAUDERDALE FL 33316	Name ANTHONY B. BORRAS Street Address (P.O. Box Number is Not Acceptable) 7390 NW 5th STREET SUITE 10 City PLANTATION FL Zip Code 33317

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] 1-23-08
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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P BORRAS, ANTHONY B 101 SE 10TH ST. FORT LAUDERDALE FL 33316	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BORRAS ANTHONY B 7390 NW 5th ST. SUITE 10 PLANTATION Fl. 33317	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] ANTHONY B. BORRAS 1-23-08 954 8952912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #