


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 10, 2006 8:00 am**  
**Secretary of State**

07-10-2006 90029 024 \*\*\*550.00

**DOCUMENT # F03000003320**

1. Entity Name  
**J.A. CAMBECE LAW OFFICE, P.C.**




Principal Place of Business  
**8 BOURBON ST.  
 PEABODY, MA 01960**

Mailing Address  
**8 BOURBON ST.  
 PEABODY, MA 01960**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country



05142006 Chg-P CR2E034 (11/05)

4. FEI Number  
**04-3704223**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324**

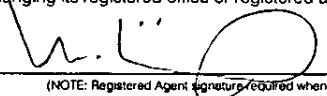
**7. Name and Address of New Registered Agent**

Name  
**NATIONAL REGISTERED AGENTS, INC.**

Street Address (P.O. Box Number is Not Acceptable)  
**2731 Executive Park Drive, Suite 4**

City **Weston, FL** Zip Code **33331**

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 **MICHAEL MIRRONE, ASST Secy**  DATE **5/24/06**

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 6, 2006**

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

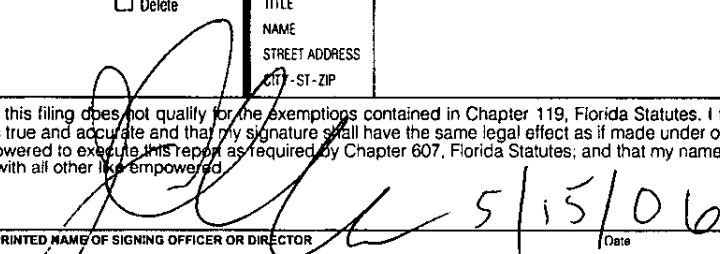
**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCVS CAMBECE, J. ANTHONY 8 BOURBON ST. PEABODY, MA 01960	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 I am empowered.

SIGNATURE: **J. ANTHONY CAMBECE**  DATE **5/15/06** (888) 535-6161

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