
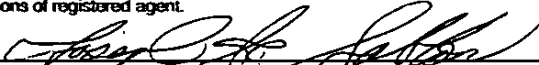

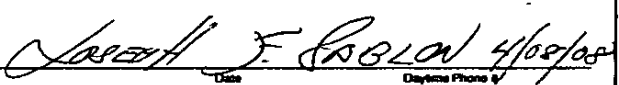


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90025 006 \*\*\*150.00

<b>DOCUMENT # 286994</b>					
1. Entity Name <b>2542 CORPORATION</b>					
Principal Place of Business <b>2542 CORPORATION BOYNTON BEACH, FL 33435 US</b>			Mailing Address <b>2542 SO FEDERAL HWY BOYNTON BEACH, FL 33435 US</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suits, Apt. #, etc.			Suits, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SABLON, JOSEPH 2542 S FEDERAL HWY APT 15 BOYNTON BEACH, FL 33435</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b>	Zip Code
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: _____					
<small>Signature, typed printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SABLON, JOSEPH		NAME		
STREET ADDRESS	2542 SOUTH FEDERAL HWY APT 15		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33435		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NICHOLSON, EDWARD		NAME		
STREET ADDRESS	2542 SOUTH FEDERAL HWY APT 10		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33435		CITY-ST-ZIP		
TITLE	TS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARCUS, AWILDA		NAME	<i>MARCUS AWILDA</i>	
STREET ADDRESS	2542 SOUTH FEDERAL HWY APT 9		STREET ADDRESS	<i>2542 So. Federal Hwy Apt. 9</i>	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435		CITY-ST-ZIP	<i>Boynton beach, FL 33435</i>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARBERIO, JOE		NAME		
STREET ADDRESS	2542 SO FEDERAL HWY #19		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33435		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PAULSEN, ALBERT		NAME		
STREET ADDRESS	2542 SOUTH FEDERAL HWY APT 6		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33435		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SIEVERT, VERA		NAME	<i>S. CAROL BERNICE</i>	
STREET ADDRESS	2542 SOUTH FEDERAL HWY APT 18		STREET ADDRESS	<i>2542 South Federal Hwy Apt. 20</i>	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435		CITY-ST-ZIP	<i>Boynton beach, FL 33435</i>	
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: 			SIGNATURE: 		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		