

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # 498281 1. Entity Name THE FLORIDA AD COMPANY	
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Principal Place of Business 2151 W HILLSBORO BLVD STE 400 DEERFIELD BEACH, FL 33442 US	Mailing Address 2665 S BAYSHORE DR STE 901 COCONUT GROVE, FL 33133 US
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04092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2005843	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000300246 04/29/08-80021-013 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD LOGAN, BARRY S. 2665 S. BAYSHORE DRIVE, #901 COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASD MENENDEZ, ANA M 2665 S. BAYSHORE DRIVE SUITE 901 COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COMBS, STEPHEN R 2151 W. HILLSBORO BLVD, SUITE 400 DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT KENBIAN, NG 2151 W HILLSBORO BLVD, SUITE 400 DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT DI STEFANO, EYF 2665 SO. BAYSHORE DR. #901 COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 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: 	4/9/2008	305-714-4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date Daytime Phone #		