


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # H00609**

1. Entity Name  
**MICHAEL J. PETROW AND ASSOCIATES, INC.**



Principal Place of Business <b>347 N. NEW RIVER DRIVE EAST              808              FT. LAUDERDALE, FL 33301 US</b>	Mailing Address <b>P O BOX 8601              CORAL SPRINGS, FL 33075 US</b>
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**DO NOT WRITE IN THIS SPACE**



02212008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2416275</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**PETROW, MICHAEL J  
 347 N. NEW RIVER DRIVE EAST  
 808  
 FT. LAUDERDALE, FL 33301**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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

U00000889852  
 04/22/08-80070-012 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PETROW, MICHAEL J. 347 N. NEW RIVER DRIVE EAST #808 FT. LAUDERDALE, FL 33301
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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:** *Michael J. Petrow* **MICHAEL J. PETROW** **4/7/08** **954 448 0659**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #