## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 04, 2007 08:00 AN Secretary of State **DOCUMENT # P01000031900** DOMINIC J. CIVITANO, INC. Principal Place of Business Mailing Address 10182 NW 1ST MANOR 10182 NW 1ST MANOR CORAL SPRINGS, FL 33071 CORAL SPRINGS, FL 33071 No Chg-P CR2E034 (11/05) 01072007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1088580 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent CIVITANO, DOMINIC J DO NOT WRITE 10182 NW 1ST MANOR CORAL SPRINGS, FL 33071 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, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE D CIVITANO, DOMINIC J NAME STREET ADDRESS 10182 NW 1ST MANOR CITY-ST-ZIP CORAL SPRINGS, FL 33071 U00000689303 04/11/07-80030-001 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE

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 exter like empowered.

**SIGNATURE:** 

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/07

954-410-1794

FILED

Davime Phone #