2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 17, 2008 8:00 am DOCUMENT # P01000031900 Secretary of State 03-17-2008 90015 015 ***150.00 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 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Scite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) Applied For City & State City & State 4. FE! Number 65-1088580 Not Applicable Zip Country Ζp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CIVITANO, DOMINIC J Street Address (P.O. Box Number is Not Acceptable) **10182 NW 1ST MANOR** CORAL SPRINGS FL 33071 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 Signature, typed or organic pages of recretized opentiand the Tappicapin (NOTE: Registered Agont signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D TITLE ☐ Change **X** Addition TITLE ☐ Delete CIVITANO, DOMINIC J NAME NAME STREET ADDRESS STREET ADDRESS 10182 NW 1ST MANOR CITY-ST-ZIP CORAL SPRINGS FL 33071 CITY-ST-7IP V.P. ☐ Delete ☐ Change **Addition** PATRICIA T. CIVITANO NAME NAME 10172 NW IST MANDE STREET ADDRESS STREET ADORESS SPRINGS. CITY - ST - ZIP 33071 CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Dalete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED

SIGNATURE: Y Jonius J (1/400 DOM, NIC J (1/174/0) PRES 3/6/08 954-755-4058