2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ATTN: Tyree Scott

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB 15 AM 9:33

01/016/08 60244 011 $3.75

DOCUMENT # P03000087871

1. Entity Name

SEPTEMBER'S OF FT. LAUDERDALE, INC.

Principal Place of Business	Mailing Address
~~2857 E. OAKLAND PARK BLVD.~~ ~~NONE~~ ~~FT. LAUDERDALE FL 33306~~	~~2857 E. OAKLAND PARK BLVD.~~ ~~NONE~~ ~~FT. LAUDERDALE FL 33306~~

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3326 N.E. 33rd ST	P.O. Box 418
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Lauderdale, Florida	City & State: Deerfield Bch Florida
Zip: 33308 Country: Broward	Zip: 33443 Country: Broward

1st MOORE CR2E034 (10/07)

4. FEI Number 20-0143150 ~~20-0143150~~ ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WASSERSTROM, ELLEN ESQ.
100 W. CYPRESS CREEK RD., STE. 700
FT. LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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

(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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~GAGLIARDI, MICHAEL~~ ~~2857 E. OAKLAND PARK BLVD.~~ ~~P.O. BOX 23304~~ ~~FT. LAUDERDALE FL 33306~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~Michael Gagliardi~~ ~~P.O. Box 418~~ ~~Deerfield Bch, FL 33443~~
				☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Michael Gagliardi P.O. Box 418 Deerfield Bch, FL 33443
				☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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				☐ Change ☐ Addition

12. I hereby 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.

SIGNATURE: [signature] 1-25-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #