


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000003297 1. Entity Name FIRST SOURCE MANAGEMENT, INC.	
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Principal Place of Business FIRST SOURCE MANAGEMENT, INC. 3200 N FEDERAL HWY #121 BOCA RATON, FL 33431	Mailing Address FIRST SOURCE MANAGEMENT, INC. 3200 N FEDERAL HWY #121 BOCA RATON, FL 33431
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**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 58-2603294	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASCIO, CARL A ESQ.  
 % CARL A. CASCIO, P.A.  
 525 N.E. 3RD AVENUE, SUITE 102  
 DELRAY BEACH, FL 33444

**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 \_\_\_\_\_ (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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LUCIANI, JOHN W III 3200 N FEDERAL HWY #121 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LUCIANI, DORIAN E 3200 N FEDERAL HWY # 121 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000779320  
01/11/08-80031-010 150.00

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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: John W. Luciani III 1/8/08 (561)-544-8801  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

C.E.O.