## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000076232

Entity Name: PASSARO REID FINANCIAL SERVICES GROUP, INC.

FILED Jan 21, 2009 Secretary of State

**New Principal Place of Business: Current Principal Place of Business:** 2220 NORTH SPRING GLADE CIRCLE TAMPA, FL 33613 **Current Mailing Address: New Mailing Address:** PO BOX 1714 TAMPA, FL 33601 FEI Number: 54-2175176 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PASSARO, ANGELA R 2220 NORTH SPRING GLADE CIRCLE TAMPA, FL 33613 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: **PCFO** ( ) Delete Title: () Change () Addition PASSARO, ANGELA R Name: Name: POST OFFICE BOX 1714 Address: Address: City-St-Zip: TAMPA, FL 33601 City-St-Zip:

( ) Delete Title: STC PASSARO, ANGELA R Name: POST OFFICE BOX 1714 Address: TAMPA, FL 33601

City-St-Zip:

Title: (X) Change ( ) Addition

Name: PASSARO, ANGELA R Address: POST OFFICE BOX 1714 TAMPA, FL 33601 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELA R. PASSARO **PRES** 01/21/2009