


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90217 013 ***150.00

DOCUMENT # P94000055808

1. Entity Name
 DENISE EDE ALOISE, P.A.



Principal Place of Business
 2691 E OAKLAND PARK BOULEVARD
 SUITE 400
 FORT LAUDERDALE, FL 33306 US

Mailing Address
 2691 E OAKLAND PARK BOULEVARD
 SUITE 400
 FT. LAUDERDALE, FL 33306 US

2. Principal Place of Business - No P.O. Box #
 1026 NE 90 ST
 Suite, Apt. #, etc.

3. Mailing Address
 1026 NE 90 ST
 Suite, Apt. #, etc.

City & State
 MIAMI FL

City & State
 MIAMI FL

Zip
 33138

Country
 USA

6. Name and Address of Current Registered Agent
 ALOISE, DENISE
 2691 E OAKLAND PK BOULEVARD
 SUITE 400
 FT. LAUDERDALE, FL 33306

7. Name and Address of New Registered Agent
 Name
 DENISE ALOISE
 Street Address (P.O. Box Number is Not Acceptable)
 1026 NE 90 ST
 City
 MIAMI FL Zip Code
 33138

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: *D. E. Aloise* DATE: *April 29, 2008*

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

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 D <input type="checkbox"/> Delete	ALOISE, DENISE E	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	185 NW 106TH ST	NAME	
STREET ADDRESS	MIAMI SHORES, FL 33150	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *D. E. Aloise* DATE: _____ DAYTIME PHONE #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



04262008 Chg-P CR2E034 (12/06)

4. FEI Number
 65-0535703

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required