

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90016 032 ***158.75

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02062006 Chg-P CR2E034 (11/05)

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|--|---|--|---|---|--|
| DOCUMENT # P96000050719 1. Entity Name MARCIA A. CHERELLO, INC. | | | | | |
| Principal Place of Business 855 S. FEDERAL HWY SUITE # 205 BOCA RATON, FL 33432 US | | | Mailing Address 21557 EAST HOLLANDAIRE BOCA RATON, FL 33433 | | |
| 2. Principal Place of Business 33 SE 5th Street | | 3. Mailing Address Suite, Apt. #, etc. Suite 200 | | | |
| City & State Boca Raton, FL | | City & State City & State | | 4. FEI Number 65-0671571 | |
| Zip 33432 | | Country Palm Beach | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MCLAUGHLIN, GREGORY A 110 TOWER, TWENTY-EIGHTH FLOOR 110 SOUTHEAST SIXTH STREET FORT LAUDERDALE, FL 33301 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | P CHERELLO, MARCIA A 21557 EAST HOLLANDAIRE BOCA RATON, FL 33433 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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 another like empowered. | | | | | |
| SIGNATURE: <i>Marcia A. Cherello</i> (MARCIA A. Cherello) 2/6/06 561-394-2622 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |