2008 FOR PROFIT CORPORATION

DOCUMENT # P96000050719

1. Entity Name

MARCIA A. CHERELLO, INC.



FILED Feb 08, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

33 SE. 8TH STREET

SUITE 200

BOCA RATON, FL 33432

21557 EAST HOLLANDAIRE BOCA RATON, FL 33433



02062008 DO NOT WRITE IN THIS SPACE

Applied For 4. FEI Number 65-0671571 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CR2E034 (11/05)

MCLAUGHLIN, GREGORY A

6. Name and Address of Current Registered Agent

110 TOWER, TWENTY-EIGHTH FLOOR

DO NOT WRITE

| 110 SOUTHÉAST SIXTH STREET FORT LAUDERDALE, FL 33301 | | | IN THIS SPACE | | | |
|---|---|--|-------------------------------|--------------------------------|--|--|
| | named entity submits this statement for the pi ions of registered agent. | urpose of changing its registered | office or r | egistered agent, or bo | oth, in the State of Florida. I am familiar with, and accept | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE | | | | | | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 | Election Campaign Finance Trust Fund Contribution. | ng | \$5.00 May Be Added to Fees | | |
| 10. | OFFICERS AND DIREC | TORS | • | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CHERELLO, MARCIA A 21557 EAST HOLLANDAIRE BOCA RATON, FL 33433 | | | | U00000001044 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | U00000821244 02/19/08-80015-009 158.75 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | DO NOT WRITE IN THIS SPACE | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| TITLE | · · | | | | | |

12. Thereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS