

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90029 018 ***150.00

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|---|---|--|---|--|--|
| DOCUMENT # P99000097422 | | | | | |
| 1. Entity Name 378 SOUTH OCEAN BLVD., INC. | | | | | |
| Principal Place of Business 980 NORTH FEDERAL HIGHWAY SUITE 200 BOCA RATON, FL 33432 | | | Mailing Address 980 NORTH FEDERAL HIGHWAY SUITE 200 BOCA RATON, FL 33432 | | |
| 2. Principal Place of Business - No P.O. Box # 1500 Gateway Blvd | | 3. Mailing Address 1500 Gateway Blvd | | | |
| Suite, Apt. #, etc. Suite 200 | | Suite, Apt. #, etc. Suite 200 | | | |
| City & State Boynton Bch, FL | | City & State Boynton Bch, FL | | | |
| Zip 33426 | | Zip 33426 | | | |
| 6. Name and Address of Current Registered Agent KLEPPER, CARL 980 W. FEDERAL HIGHWAY SUITE 200 BOCA RATON, FL 33432 | | | | 7. Name and Address of New Registered Agent Name: <u>Carl Klepper</u> Street Address (P.O. Box Number is Not Acceptable): <u>1500 Gateway Blvd</u> <u>Suite 200</u> City: <u>Boynton Bch, FL</u> FL <u>33426</u> | |
| 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: <u>[Signature]</u> (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. <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 | DP COMPARATO, JAMES 980 NORTH FEDERAL HIGHWAY SUITE 200 BOCA RATON, FL 33432 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1500 Gateway Blvd #200 Boynton Bch, FL 33426 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP KLEPPER, CARL E JR. 980 W. FEDERAL HIGHWAY, SUITE 200 BOCA RATON, FL 33432 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1500 Gateway Blvd #200 Boynton Beach, FL 33426 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| Date: _____ Daytime Phone #: _____ | | | | | |