

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 286860

FILED
Jan 05, 2008
Secretary of State

Entity Name: 2560 CORPORATION

Current Principal Place of Business:

2560 SOUTH FEDERAL HIGHWAY
BOYNTON BEACH, FL 33435 US

New Principal Place of Business:

Current Mailing Address:

2560 CORP.
2560 S. FEDERAL HWY.
BOYNTON BEACH, FL 33435 US

New Mailing Address:

FEI Number: 23-7160259 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIBERATORE, PHIL
2560 S. FEDERAL HWY.
BOYNTON BEACH, FL 33435 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: OLDANI, JAMES
Address: 2560 S FEDERAL HWY # 11
City-St-Zip: BOYNTON BEACH, FL 33435

Title: VP () Delete
Name: WITKOP, ROBERT
Address: 2560 S FEDERAL HWY # 19
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D () Delete
Name: MASCILLINO, MARY
Address: 2560 S. FEDERAL HWY #4
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D () Delete
Name: SMOLANDER, ANN
Address: 2560 S. FEDERAL HWY 12A
City-St-Zip: BOYNTON BEACH, FL 33435

Title: T () Delete
Name: FARRELL, EDMUND
Address: 2560 S. FEDERAL HWY. APT #1
City-St-Zip: BOYNTON BEACH, FL 33435

Title: SD () Delete
Name: WELSH, SHIRLEY
Address: 2560 S. FEDERAL HWY APT. #16
City-St-Zip: BOYNTON BEACH, FL 33435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: JAMES OLDANI

P

01/05/2008

Electronic Signature of Signing Officer or Director

Date