2008 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT #286861



FILED Mar 12, 2008 8:00 am Secretary of State 03-12-2008 90018 038 ***150.00

| 1. Entity Name 2530 CORPORATION | | | | | | | 03-12-2008 90018 038 | | | | 00 |
|--|--|---|--------------------------------------|--|--|--------------|---|---------------------------------------|-----------------|---|-----------------------------|
| Principal Plac | e of Busines | s | Mailing Address | Mailing Address | | | | | | | |
| 2530 SOUTH FEDERAL HIGHWAY 2 | | | 2530 SOUTH FEDERAL | 2530 SOUTH FEDERAL HIGHWAY BOYNTON BEACH, FL 33435 US | | | 40043063 | | | | |
| 2. Principal P | lace of Busir | ness - No P.O. Box # | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 02162008 | Chg-P | CR2E | 034 (12/06) | | |
| City & State | | | City & State | | | | 4. FEI Numb | | | ⊢ | oplied For ot Applicable |
| Zip Country | | Country | Zip | Country | | | 5. Certificate | e of Status Desire | a 🛘 | \$8.75 Add Fee Require | |
| | 6. Name | and Address of Current R | egistered Agent | | | | 7. Name and | d Address of Nev | w Registered | Agent | |
| ADDI(O) | | 44 DDE0 | | | Name | | | | | | |
| ADDUCI, BARBARA M PRES. 2530 S FEDERAL HWY APT 5 | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| BOYNTON | BEACH, | FL 33435 | | | | | | | | | |
| | | | | | City | | | | FI | Zip Cod | e |
| | named entit | y submits this statement for tered agent. | he purpose of changing its | register | ed office o | r register | ed agent, or bo | oth, in the State of | f Florida. I an | n familiar with, | and accept |
| SIGNATURE | Signature, typed | or printed name of registered agent an | d title if applicable. (NOT | E: Registere | d Agent signat | ute required | when reinstating) | | DATE | | |
| | | FEE IS \$150.00 8 Fee will be \$550.00 | 9. Election Campa Trust Fund Conf | | ncing | | .00 May Be ed to Fees | | | | |
| 10. | Ι_ | OFFICERS AND D | | 11. | | | ADDITIONS | /CHANGES TO C | OFFICERS AN | | |
| TITLE | D CHOCED VINCENT | | 🔀 Delete | TITLI | | D 5n4 | der. No | rman | | Change | Addition |
| NAME STREET ADDRESS | GUGGER, VINCENT SESS 2530 S FEDERAL HWY APT #20 | | | | et address | 243 | o S.Fe | rman deral Hi | uy, #19 | 7 | |
| CITY-ST-ZIP | Ĭ. | | | | -ST-ZIP | Boni | nton Be | ach, FL | 3343 | 5 | |
| TITLE | VP | | ☐ Delete | TITLE | | V/D | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | _ | Change | ☐ Addition |
| NAME | OSBORNE, JAMES | | | NAM | E | ' | | | | | |
| STREET ADDRESS | EET ADDRESS 2530 S FEDERAL HWY #2 | | | | ET ADDRESS | | | | | | |
| CfTY-ST-ZIP | - | N BEACH, FL 33435 | | ÇITY | -ST-ZIP | 1 | | | | | |
| TITLE | TDAINE | THOMAS | 🔀 Delete | TITU | | \$P | ery, Jua | 1. | | ☐ Change | Addition 🔀 |
| NAME Street Address | TRAINE, | EDERAL HWY APT#12 | | NAM STRE | et aodress | 743 | o S. Fee | Teral Hwy | 4 47 | | |
| CITY-ST-ZIP | | N BEACH, FL 33435 | | | -ST-ZIP | Bon | uton B | each, FL | 3 3435 | | |
| TITLE | Р | | ☐ Delete | TITL | | Pb | | · · · · · · · · · · · · · · · · · · · | | Change Ch | Addition |
| NAME | ADDUCI, | BARBARA | | NAM | £ | ' | | | | | |
| STREET ADDRESS 2530 S FEDERAL HIGHWAY APT # | | | #5 | | ET ADDRESS - ST-ZIP | | | | | | |
| TITLE | SEC | | ☐ Delete | TITL | | тр | | | | | Addition |
| NAME BECKER, RUDOLPH | | | NAM | E | ′ | | | | | | |
| STREET ADDRESS 2530 S FEDERAL HWY APT #18 | | | | ET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | N BEACH, FL 33435 | | - | - \$T- ZIP | | | | | D 0 | The second of |
| TITLE NAME | D MOELLEI | R, BARBARA | ☐ Delete | TITLI | | | | | | ☐ Change | ☐ Addition |
| STREET ADDRESS | | EDERAL HWY APT #9 | | 1 | ET ADDRESS | | | | | | |
| CITY-ST-ZIP BOYNTON BEACH, FL 33435 | | | | 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.

| SI | G | N. | A٦ | ΓU | R | Е | |
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E AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR