

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT



**DOCUMENT # 286994**

1. Entity Name  
**2542 CORPORATION**

**FILED**

**11 APR -5 PM 4: 34**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business  
**2542 CORPORATION  
BOYNTON BEACH, FL 33435 US**

Mailing Address  
**2542 SO FEDERAL HWY  
BOYNTON BEACH, FL 33435 US**



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

01092011 Chg-P CR2E034 (11/08)

City & State

4. FEI Number  
**28-6994600**

Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SABLON, JOSEPH  
2542 S FEDERAL HWY  
APT 15  
BOYNTON BEACH, FL 33435**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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: *Joseph Sablon* 4/1/11  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2011 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P	<input type="checkbox"/> Delete
NAME	SABLON, JOSEPH	
STREET ADDRESS	2542 SOUTH FEDERAL HWY APT 15	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	
TITLE	V	<input type="checkbox"/> Delete
NAME	NICHOLSON, EDWARD	
STREET ADDRESS	2542 SOUTH FEDERAL HWY APT 10	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	
TITLE	T	<input type="checkbox"/> Delete
NAME	AWILDA, MARCUS	
STREET ADDRESS	2542 SO FEDERAL HWY APT.9	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARBERIO, JOE	
STREET ADDRESS	2542 SO FEDERAL HWY #19	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAULSEN, ALBERT	
STREET ADDRESS	2542 SOUTH FEDERAL HWY APT 6	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	
TITLE	S	<input type="checkbox"/> Delete
NAME	DI DONATO, HENRY	
STREET ADDRESS	2542 SOUTH FEDERAL HWY APT. 3	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>700200573977</b>
CITY-ST-ZIP	<b>04/05/11--01030--016 **150.00</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>B 4/5/11</b>
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.

SIGNATURE: *Joseph Sablon* 4/1/11 564-737-2183  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #