




2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 286994 1. Entity Name 2542 CORPORATION						FILED 2012 APR -5 PM 1:51 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 #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
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 PAULSEN, ALBERT Street Address (P.O. Box Number is Not Acceptable) 2542 S. FEDERAL HWY. APT. 20 City BOYNTON BEACH FL Zip Code 33435			
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. ALBERT C. PAULSEN SIGNATURE: <i>Albert Paulsen</i> Albert Paulsen DATE: Mar 28 2012 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!! FEE IS \$150.00 After May 1, 2012 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fee		500227544495 705/12--01015--002 **150.00	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SABLON, JOSEPH 2542 SOUTH FEDERAL HWY APT 15 BOYNTON BEACH, FL 33435	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SABLON, JOSEPH 2542 SOUTH FEDERAL HWY. APT. 15 BOYNTON BEACH, FL 33435	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NICHOLSON, EDWARD 2542 SOUTH FEDERAL HWY APT 10 BOYNTON BEACH, FL 33435	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLSON, EDWARD 2542 SOUTH FEDERAL HWY. APT. 10 BOYNTON BEACH, FL 33435	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AWILDA, MARCUS 2542 SO FEDERAL HWY APT.9 BOYNTON BEACH, FL 33435	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARCUS, AWILDA 2542 SO. FEDERAL HWY. APT. 9 BOYNTON BEACH, FL 33435	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBERIO, JOE 2542 SO FEDERAL HWY #19 BOYNTON BEACH, FL 33435	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> APR 5 2012  S. TONER </div>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAULSEN, ALBERT 2542 SOUTH FEDERAL HWY APT 6 BOYNTON BEACH, FL 33435	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAULSEN, ALBERT 2542 SOUTH FEDERAL HWY, APT 20 BOYNTON BEACH, FL 33435	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DI DONATO, HENRY 2542 SOUTH FEDERAL HWY APT. 3 BOYNTON BEACH, FL 33435	<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: <i>Henry di Donato</i> Henry di Donato		DATE: 3/28/12		E-MAIL ADDRESS: didonato.8.11@hetzero.net			

NOTE: See Attachment

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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 28-6994600	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARBARA ROBERT 2542 SO FEDERAL HWY APT 10 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
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SIGNATURE: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		E-MAIL ADDRESS	

Attachment