

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90247 026 ***158.75

DOCUMENT # 363925

1. Entity Name
CARLUCCI REAL ESTATE INC



Principal Place of Business
1401 N RIVERSIDE DRIVE
STE 1503
POMPAÑO BEACH, FL 33062

Mailing Address
1401 N RIVERSIDE DRIVE
STE 1503
POMPAÑO BEACH, FL 33062 US



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

04182008 Chg-P CR2E034 (12/06)

4. FEI Number
59-1292874

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CARLUCCI, AGNES
1401 N. RIVERSIDE DR, APT 1503
POMPAÑO BEACH, FL 33062

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:

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
CARLUCCI, JOSEPH
1401 N. RIVERSIDE DR, APT 1503
POMPAÑO BEACH, FL 33062 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
CARLUCCI, AGNES
1401 N. RIVERSIDE DR, APT 1503
POMPAÑO BEACH, FL 33062 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
BERKELL, GERALD
1463 SW 156 WAY
PEMBROKE PINES, FL 33027 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
NORMAN L FASHEK
13300 - HIGH POINT PLACE - N
DELRAY BEACH, FL 33445 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ 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:

Agnes Carlucci

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2008

Date

(561) 381-0255

Daytime Phone #