## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT #414966** 

## **FILED** Mar 31, 2008 8:00 am Secretary of State 03-31-2008 90018 033 \*\*\*150.00

1. Entity Nam R. DELIZ		SOCIATES, INC.									
Principal Place of Business M.			Mailing Address	Mailing Address			40054892				
			2121 N COMMERCE P WESTON, FL 33326	2121 N COMMERCE PKWY WESTON, FL 33326 US				I) BIP1) BITH FIRM	EIRIL SIRIL PIR	( <b>40</b> 0) (100)	
2. Principal Place of Business - No P.O. Box # 3.			3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		03072008	Chg-P	CR2E034	4 (12/06)			
City & State		City & State	City & State		4. FEI Numb 59-142				oplied For ot Applicable		
Zip	Country		Zip	Cour	ntry		of Status Desired		8.75 Add	fitional	
6Name and Address of Current Regist			Registered Agent	-	NI	7. Name and	Address of New F	Registered Ag	jent -		
DELIZZA, ROBERT					Name						
2121 N COMERCE PKWY WESTON, FL 33326						(P.O. Box Numb	er is Not Acceptable	e)		<u>.</u>	
									T = .		
					City			FL	Zip Cod		
	named entit tions of regist		or the purpose of changing it	s register	ed office or registe	ered agent, or bo	oth, in the State of Flo	orida. I am fai	miliar with,	and accept	
SIGNATURE.	Signature, typed	or printed name of registered agent	and title if applicable. (NO	TE: Registere	ad Agent signature require	d when reinstating)		OATE			
FILE NOWILL FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaig Trust Fund Contri						i.00 May Be ded to Fees					
10.	DDOT	OFFICERS AND		11.	-1	ADDITIONS	CHANGES TO OFF		_		
TITLE NAME	PDST   DELIZZA.	ROBERT A.	☐ Delete	TITU Nam	<b>I</b>			\	Change	Addition	
STREET ADDRESS	1	OMMERCE PKWY		STRI	EET ADDRESS						
CITY-ST-ZIP	WESTON	, FL 33326			'-ST-ZIP						
TITLE NAME	,		☐ Detete	TITE	1			į	Change	☐ Addition	
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CITY-ST-ZIP				CITY	-ST-ZIP						
NAME -	-		Delete	TITL	£ 16			Ţ	☐ Change	☐ Addition	
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			☐ Delete	TITL NAM STRI	E			(	Change	☐ Addilion	
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NAME STREET ADDRESS CATY-ST-ZIP				THTL NAM STRI CHTY THTL NAM	E EET ADDRESS '-S1-ZIP						

I hereby certify that the internation 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 tike empowered. 12. I hereby certify that the inter-

Date

954 385 8885 Daytime Phone #