2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008
Secretary of State

DOCUMENT# 456930

Entity Name: RALPH L. FOCARACCI, P.A.

Current Principal Place of Business:

3675 SW 24 STREET
MIAMI, FL 33145

New Principal Place of Business:

1401 EAST BROWARD BOULEVARD
SUITE 110
FT. LAUDERDALE, FL 33301 US

Current Mailing Address:

3675 SW 24 STREET
MIAMI, FL 33145

New Mailing Address:

1401 EAST BROWARD BOULEVARD
SUITE 110
FT. LAUDERDALE, FL 33301 US

FEI Number: 59-1546108 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAMONT, ROBERT S.
ONE BISCAYNE TOWER, SUITE 3550
TWO SOUTH BISCAYNE BLVD.
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SACHS, KARL M,
Address: 3675 SW 24 ST.
City-St-Zip: MIAMI, FL 00000,

Title: VPD ( ) Delete
Name: FOCARACCI, RALPH,
Address: 3675 SW 24 ST.
City-St-Zip: MIAMI, FL 00000,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: FOCARACCI, RALPH L,
Address: 1401 EAST BROWARD BOULEVARD, SUITE 110
City-St-Zip: FT. LAUDERDALE, FL 33301 US

Title: S (X) Change ( ) Addition
Name: SACHS, KARL M,
Address: 3675 SW 24 ST.
City-St-Zip: MIAMI, FL 33145 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH L. FOCARACCI PD 01/16/2008

Electronic Signature of Signing Officer or Director Date