# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 17, 2007 08:00 AM**
**Secretary of State**

DOCUMENT # 509303

1. Entity Name
JOE CERAVOLO REALTY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2300 PALM BEACH LAKES BLVD<br>SUITE 215-K<br>WEST PALM BEACH, FL 33409 US | 2300 PALM BEACH LAKES BLVD<br>SUITE 215-K<br>W. PALM BEACH, FL 33409 US |

01122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1714349
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CERAVOLO, JOSEPH J.
244 ORANGE GROVE
PALM BEACH, FL 33480

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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.

UD00005883362
01/17/07-80070-007 150.00

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2007 Fee will be $550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PST |
| NAME | CERAVOLO, JOSEPH J. |
| STREET ADDRESS | 244 ORANGE GROVE |
| CITY-ST-ZIP | PALM BEACH, FL 33480 |
| TITLE | |
| NAME | |
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| CITY-ST-ZIP | |
| TITLE | |
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| CITY-ST-ZIP | |

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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 empowerings.

**SIGNATURE:** Joseph J. Ceravolo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #