


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 24, 2007 8:00 am**  
**Secretary of State**

08-24-2007 90025 028 \*\*\*150.00

<b>DOCUMENT # 600962</b> 1. Entity Name <b>FRANCATI ASSET SUBSIDIARY, INC.</b>					
Principal Place of Business <b>3850 N CAUSEWAY BLVD # 800 METAIRIE, LA 70002</b>			Mailing Address <b>3850 N CAUSEWAY BLVD # 800 METAIRIE, LA 70002</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-1260197</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with: s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PALMISANO, BART SR <input checked="" type="checkbox"/> Delete 3850 N CAUSEWAY BLVD # 800 METAIRIE, LA 70002		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Roussos, Chris W. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3850 N. Causeway Blvd #800 Metairie LA 70002	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CENTOLA, LARRY <input type="checkbox"/> Delete 3850 N CAUSEWAY BLVD # 800 METAIRIE, LA 70002		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GREEN, CATHY <input type="checkbox"/> Delete 3850 N CAUSEWAY BLVD # 800 METAIRIE, LA 70002		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.					
<b>SIGNATURE:</b> <u>Cathy M. Green</u> <b>Cathy M. GREEN</b> CFO 7-5-07 504 834 4392 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					