2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 613622

1. Entity Name
FICHERA PUBLICATIONS, INC.

Principal Place of Business	Mailing Address
1919 N. STATE RD 7 STE. #202 MARGATE, FL 33063 US	1919 N. STATE RD 7 STE. #202 MARGATE, FL 33063 US

DO NOT WRITE IN THIS SPACE

03042008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
11-2255640	Not Applicable

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

6. Name and Address of Current Registered Agent

FICHERA, MICHAEL C.
1919 N. STATE RD 7
STE 202
MARGATE, FL 33063

DO NOT WRITE IN THIS SPACE

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. X

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)

3-10-08
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

U00000854911
03/27/08-80027-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FICHERA, ORAZIO M
STREET ADDRESS	6704 N.W. 29TH PLACE
CITY-ST-ZIP	MARGATE, FL 33063

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-08   954 971 4360
Date   Daytime Phone #