2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90392 033 ***150.00

DOCUMENT # F13368

1. Entity Name
SARINO R. COSTANZO, PROFESSIONAL ASSOCIATION

Principal Place of Business	Mailing Address
12515 KENDALL DR. SUITE 324 MIAMI FL 33186 US	12515 KENDALL DR. SUITE 324 MIAMI FL 33186 US

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
10659 NE QUAYBRIDGE CT	10659 NE QUAYBRIDGE CT
Suite, Apt. #, etc. THC5	Suite, Apt. #, etc. THC5
City & State MIAMI, FL	City & State MIAMI, FL
Zip / Country 33138 / US	Zip / Country 33138 / US

4. FEI Number 65-0037886 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COSTANZO, SARINO R
12515 N. KENDALL DR.
SUITE 324
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name: COSTANZO, SARINO R.
Street Address (P.O. Box Number is Not Acceptable): 10659 NE QUAYBRIDGE CT
THC5
City: MIAMI **FL** Zip Code: 33138

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: Sarino R. Costanzo — FEB 2 8 2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS COSTANZO, SARINO R 2250 SW 3RD AVE #100 MIAMI FL 33129	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD COSTANZO, SARINO R 12515 N. KENDALL DRIVE SUITE 324 MIAMI FL 33186	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS COSTANZO, SARINO R 12515 N. KENDALL DRIVE SUITE 324 MIAMI FL 33186	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Sarino R. Costanzo — FEB 2 8 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #