## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT #F56412

1. Entity Name DOMENIC L. GROSSO, P.A.

**FILED** Feb 17, 2006 08:00 AM **Secretary of State** 

Principal Place of Business

3850 NW BOCA RATON BLVD

STE 4 BOCA RATON, FL 33431 US

DO NOT WRITE IN THIS SPACE

3850 NW BOCA RATON BLVD

STE 4

Mailing Address

BOCA RATON, FL 33431 US



02152008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2143442

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GROSSO, DOMENIC L 3850 NW BOCA RATON BLVD STE 4 BOCA RATON, FL 33431

## 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.					
SIGNATURE   Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rehistating) OATE					
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		<ol> <li>Election Campaign Finan Trust Fund Contribution.</li> </ol>	cin <b>g</b>	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GROSSO, DOMENIC L 3850 NW BOCA RATON BLVD STE 4 BOCA RATON, FL 33431				
TITLE HAME STREET ADDRESS CITY-ST-ZIP					H000U0438138 02/28/06-80077-003 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CTTY-ST-ZIP					

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 path; 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. Psp 5 Ideal

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR