
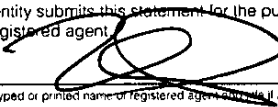
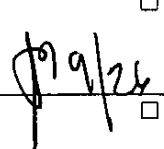
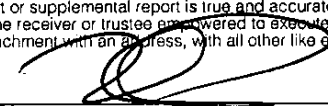


2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F58206 1. Entity Name FISCHER-GAETA-CROMWELL, INC.						FILED 08 SEP 26 AM 10: 27 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 5220 HOOD RD SUITE 100 PALM BEACH GARDENS, FL 33418				Mailing Address 5220 HOOD RD SUITE 100 PALM BEACH GARDENS, FL 33418			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent GAETA, NEIL J 5220 HOOD RD SUITE 100 PALM BEACH GARDENS, FL 33418				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				4. FEI Number 59-2145193			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable			
Signature: 				DATE: 9/27/08			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE: VTD <input type="checkbox"/> Delete NAME: GAETA, NEIL J STREET ADDRESS: 5220 HOOD RD SUITE 100 CITY-ST-ZIP: PALM BEACH GARDENS, FL 33418				TITLE: PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Gaeta, Neil J. STREET ADDRESS: 5220 Hood Rd Suite 100 CITY-ST-ZIP: Palm Beach Gardens, FL 33418			
TITLE: PD <input checked="" type="checkbox"/> Delete NAME: GAETA, LOUIS A JR STREET ADDRESS: 5220 HOOD RD STE 100 CITY-ST-ZIP: PALM BEACH GARDENS, FL 33418				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 800136385338 STREET ADDRESS: 09/26/08--01043--006 CITY-ST-ZIP: **61.25			
TITLE: SD <input type="checkbox"/> Delete NAME: FISCHER, ROBERT A STREET ADDRESS: 5220 HOOD RD STE 100 CITY-ST-ZIP: PALM BEACH GARDENS, FL 33418				TITLE: VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Fischer, Robert A. STREET ADDRESS: 5220 Hood Rd Suite 100 CITY-ST-ZIP: Palm Beach Gardens, FL 33418			
TITLE: <input type="checkbox"/> Delete NAME:  STREET ADDRESS: CITY-ST-ZIP:				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:			
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:			
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-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 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: 				DATE: 9/23/08			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: 561-627-1500			