

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000001814

FILED  
Jan 02, 2008  
Secretary of State

Entity Name: PETER VALLAS ASSOCIATES INC.

**Current Principal Place of Business:**

91 MYER STREET  
HACKENSACK, NJ 07601 US

**New Principal Place of Business:**

**Current Mailing Address:**

91 MYER STREET  
HACKENSACK, NJ 07601 US

**New Mailing Address:**

FEI Number: 22-2275115

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VALLAS, PETER R  
3546 S OCEAN BLVD., APT 724  
PALM BEACH, FL 33480 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: VALLAS, PETER R  
Address: 2546 S OCEAN BLVD., APT 724  
City-St-Zip: PALM BEACH, FL 334805719

Title: VT ( ) Delete  
Name: VALLAS, PETER S.  
Address: 12 OAKWOOD DRIVE  
City-St-Zip: WOODCLIFF LAKE, NJ 07677

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER S. VALLAS

VT

01/02/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date