


**FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2008 8:00 am
Secretary of State

03-31-2008 90006 046 ***150.00

DOCUMENT # *F 98 00000 3097*

1. Entity Name
710 ENTERPRISES INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #
710 Township Line Rd

3. Mailing Address
710 Township Line Rd

Suite, Apt. #, etc.

City & State
ELKINS PARK, PA 19027

City & State
ELKINS PARK, PA 19027

Zip Country

66007617
CR2E034B (5/07)

4. FEI Number
23-2991847

Applied For
 Not Applicable

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

7. Name and Address of Current Registered Agent

Name
Branford, Edwin F

Street Address (P.O. Box Number is Not Acceptable)
810 THOMASVILLE ROAD

City
TALLAHASSEE FL Zip Code
32303

**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]* *2/17/08*

Signature, type, (last) name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P. MATTIA, ANGELO 710 TOWNSHIP LINE RD ELKINS PARK, PA 19027</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP MATTIA, PASQUALE 710 TOWNSHIP LINE RD ELKINS PARK, PA 19027</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>T MATTIA, FRANCIS G 8301 FOREST AVE ELKINS PARK, PA 19027</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>T MATTIA, ARTHUR J 710 TOWNSHIP LINE RD ELKINS PARK, PA 19027</i>
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 on an attachment with an address, with or without telephone number.

SIGNATURE: *[Signature]* *4/15/08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #