

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G34455

FILED
May 01, 2008
Secretary of State

Entity Name: PAGE ONE ENTERPRISES, INC.

Current Principal Place of Business:

500 NW 7TH ST
FT LAUDERDALE, FL 33311 US

New Principal Place of Business:

4971 SW 34TH PLACE
DAVIE, FL 33314 US

Current Mailing Address:

P.O. BOX 898
FT. LAUDERDALE, FL 333020898 US

New Mailing Address:

4971 SW 34TH PLACE
DAVIE, FL 33314 US

FEI Number: 59-2298545

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASALE, ANTHONY L PRES
P. O. BOX 898
FT. LAUDERDALE, FL 33302 US

Name and Address of New Registered Agent:

CASALE, ANTHONY L PRES
4971 SW 34TH PLACE
DAVIE, FL 33314 US

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:

05/01/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CASALE, ANTHONY L
Address: P. O. BOX 898
City-St-Zip: FT LAUDERDALE, FL 33302 US

Title: ST () Delete
Name: CASALE, ROSANNE D
Address: P. O. BOX 898
City-St-Zip: FT LAUDERDALE, FL 33302 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: CASALE, ANTHONY L
Address: 4971 SW 34TH PLACE
City-St-Zip: DAVIE, FL 33314 US

Title: ST (X) Change () Addition
Name: CASALE, ROSANNE D
Address: 4971 SW 34TH PLACE
City-St-Zip: DAVIE, FL 33314 US

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: ANTHONY L CASALE

DP

05/01/2008

Electronic Signature of Signing Officer or Director

Date