2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J45416

1. Entity Name

PURDY, JOLLY, GIUFFREDA & BARRANCO, P.A.



FILED Feb 14, 2008 08:00 AN Secretary of State

Principal Place of Business

2455 E. SUNRISE BLVD

SUITE 1216 FORT LAUDERDALE, FL 33304 Mailing Address

2455 E. SUNRISE BLVD Suite 1216

FORT LAUDERDALE, FL 33304



DO NOT WRITE IN THIS SPACE

01302008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0001946 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

JOLLY, BRUCE W.

2455 E. SUNRISE BLVD, SUTIE 1216 FORT LAUDERDALE, FL 33304

DO NOT WRITE IN THIS SPACE

	3. 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 at the obligations of registered agent.	m familiar with, and accept
CH	PIONIATI IDE	

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS TITLE NAME JOLLY, BRUCE W. 481 S.W. 101ST TERR. STREET ADDRESS CITY-ST-ZIP PLANTATION, FL TITLE GIUFFREDA, RICHARD A NAME STREET ADDRESS 6030 SWANS WAY CITY-ST-7IP COCONUT CREEK, FL 33073 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

02/21/08-80076+003.150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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:

SIGNAT BEAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-08

954-462-3266

Daylime Phone #