

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J78054

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: LAW OFFICES OF DOMINICK J. SALFI, P.A.

## Current Principal Place of Business:

999 DOUGLAS AVE  
SUITE 3333  
ALTAMONTE SPRINGS, FL 32714 US

## Current Mailing Address:

999 DOUGLAS AVE  
SUITE 3333  
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 59-2824077

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SALFI, DOMINICK J.  
999 DOUGLAS AVE  
SUITE 3333  
ALTAMONTE SPRINGS, FL 32714 US

## New Principal Place of Business:

999 DOUGLAS AVE  
SUITE 3324  
ALTAMONTE SPRINGS, FL 32714 US

## New Mailing Address:

999 DOUGLAS AVE  
SUITE 3324  
ALTAMONTE SPRINGS, FL 32714 US

## Name and Address of New Registered Agent:

SALFI, DOMINICK J.  
999 DOUGLAS AVE  
SUITE 3324  
ALTAMONTE SPRINGS, FL 32714 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:

04/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SALFI, DOMINICK J.,  
Address: 350 MARKHAM WOODS ROAD  
City-St-Zip: LONGWOOD, FL

Title: ST ( ) Delete  
Name: SALFI, DOMINICK J.,  
Address: 350 MARKHAM WOODS RD.  
City-St-Zip: LONGWOOD, FL

## 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: DOMINICK J. SALFI

PD

04/28/2008

Electronic Signature of Signing Officer or Director

Date