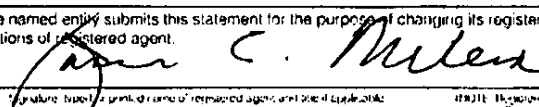
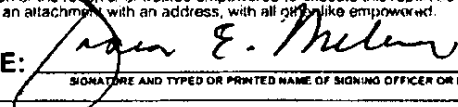


FILED
Apr 28, 2008 8:00 am
Secretary of State

04-07-2008 90054 020 ***138.75
04-28-2008 90345 047 ****11.25

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # K08435			
1. Entity Name GIBBONS AND MELENDI, P.A.			
Principal Place of Business 142 WEST PLATT ST. TAMPA, FL 33606		Mailing Address 142 WEST PLATT ST. TAMPA, FL 33606	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2815928		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MELENDI, JOSEPH E. 1510 W. CLEVELAND ST. TAMPA, FL 33606 142 W. PLATT ST. TAMPA FL 33606		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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:  DATE: 4/05/08			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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 DPT MELENDI, JOSEPH E. 142 WEST PLATT ST. TAMPA, FL 33606 Delete ☐		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY- ST- ZIP Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY- ST- ZIP S MELENDI, JOSEPH E. 142 WEST PLATT ST. TAMPA, FL 33606 Delete ☐		TITLE NAME STREET ADDRESS CITY- ST- ZIP Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY- ST- ZIP Delete ☐		TITLE NAME STREET ADDRESS CITY- ST- ZIP Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY- ST- ZIP Delete ☐		TITLE NAME STREET ADDRESS CITY- ST- ZIP Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY- ST- ZIP Delete ☐		TITLE NAME STREET ADDRESS CITY- ST- ZIP Change ☐ Addition ☐	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		4/03/08 813-258-6770	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Day/Mo/Phone #	