

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90078 006 ***150.00

DOCUMENT # K26739

1. Entity Name
22ND. CT. CORP.



Principal Place of Business *3000 N. Univ. Dr. Suite 1*
2929 E. COMMERCIAL BLVD.
PENTHOUSE A
FORT LAUDERDALE, FL 33308-4312
Coral Springs, FL 33065

Mailing Address
JOSEPH VECCHIO, ESQUIRE
2929 E. COMMERCIAL BLVD PH A
FORT LAUDERDALE, FL 33308-4312-US

DO NOT WRITE IN THIS SPACE



04102007 No Chg-P CR2E034 (11/05)

4. FEI Number
11-2918971

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VECCHIO, JOSEPH A., JR
2929 E. COMMERCIAL BLVD
PENTHOUSE A
FORT LAUDERDALE, FL 33308
3000 N. University Dr. Suite 1 Coral Springs, FL 33065

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SCAROLA, LEONARD <i>3000 N. Univ. Dr. Suite 1</i>
STREET ADDRESS	2929 E. COMMERCIAL BLVD PENTHOUSE A
CITY - ST - ZIP	FORT LAUDERDALE, FL 33308 <i>Coral Springs, FL 33065</i>
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 - 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert H. J. / 06/06/2007 / Robert Scarola 4-11-07 954-491-8364

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #