

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # K47949

1. Entity Name
1280 BUILDING CORP.



Principal Place of Business
1 NORTH UNIVERSITY DR.
BUILDING A 4TH FLOOR
PLANTATION, FL 33324

Mailing Address
1 NORTH UNIVERSITY DR.
BUILDING A 4TH FLOOR
PLANTATION, FL 33324

U00000738643
05/11/07-80076-009 158.75



04182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0104323

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR
SUITE 4
WESTON, FL 33331

**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	CAPORELLA, NICK A
STREET ADDRESS	1 NORTH UNIVERSITY DR.
CITY - ST - ZIP	PLANTATION, FL 33324
TITLE	VP
NAME	CAPORELLA, VINCE
STREET ADDRESS	1 NORTH UNIVERSITY DR.
CITY - ST - ZIP	PLANTATION, FL 33324
TITLE	VP
NAME	GRANT, ED
STREET ADDRESS	1 NORTH UNIVERSITY DR.
CITY - ST - ZIP	PLANTATION, FL 33324
TITLE	S
NAME	CRAWFORD, LINDA
STREET ADDRESS	1 NORTH UNIVERSITY DR.
CITY - ST - ZIP	PLANTATION, FL 33324
TITLE	AS
NAME	BODEN, DAVID J
STREET ADDRESS	1 NORTH UNIVERSITY DR.
CITY - ST - ZIP	PLANTATION, FL 33324
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #