

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K47949</b>	
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
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**DO NOT WRITE IN THIS SPACE**



04232008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0104323	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

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

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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

U00000943000  
05/29/08-80041-023 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CAPORELLA, NICK A 1 NORTH UNIVERSITY DR. PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAPORELLA, VINCE 1 NORTH UNIVERSITY DR. PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRANT, ED 1 NORTH UNIVERSITY DR. PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRAWFORD, LINDA 1 NORTH UNIVERSITY DR. PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS- <del>BODEN, DAVID J</del> <del>1 NORTH UNIVERSITY DR.</del> <del>PLANTATION, FL 33324</del>
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:** *Edward L. Grant* EDWARD L. GRANT 4/25/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #