## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L79027

Name:

Address:

City-St-Zip:

CIPRIANO, MARCIA V

9801 SW 82 CT

MIAMI, FL 33156

FILED Apr 14, 2008 Secretary of State

Entity Name: CIPRIANO & KLOSZ, INC.					
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
95 MERRIO STE 500 CORAL GA	OK WAY ABLES, FL 3313	4 US			
Current Ma	ailing Address:		New Mailing Address	New Mailing Address:	
95 MERRIC STE 500 CORAL GA	CK WAY ABLES, FL 3313	4 US	95 MERRICK WAY SUITE 500 CORAL GABLES, FL 3	33134 US	
FEI Number:	65-0200604	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
CIPRIANO, VINCENT R. 2801 PONCE DE LEON BLVD STE 300 CORAL GABLES, FL 33134 US			95 MERRIĆK WAY STE 500		
The above in the State		omits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				04/14/2008	
Electronic Signature of Registered Agent			nt	Date	
Election Can	npaign Financing T	rust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () De CIPRIANO, VINCE 95 MERRICK WAY CORAL GABLES,	NT R., /., STE 500	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VP () De KLOSZ, DENNIS F 95 MERRICK WAY CORAL GABLES,	) (	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title:	VPSD (X) De	elete	Title:	( ) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: VINCENT R CIPRIANO PD 04/14/2008