2008 FOR PROFIT CORPORATION ANNUAL REPORT



FILED Jan 30, 2008 8:00 am Secretary of State

DOCUMENT # L81984 1. Entity Name BENJAMIN MARCANO & ASSOCIATES, P.A., ATTORNEYS AT LAW						01-30-2008	90030 (008 ***158	3.75	
Principal Plac	e of Business	Mailing Address			⊣. ΔNI	113662				
100 EAST PI	NE STREET	P.O. BOX 2781								
STE 607	1 22001 116	ORLANDO, FL 32802-2	2781 U	IS .		* .				
ORLANDO, F	L 32801 US						 	111 21511 E1511 E171		
Principal Place of Business - No P.O. Box # 3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01142008	Chg-P	CR2E	034 (12/06)			
City & State		City & State		4. FEI Numbe 59-301			<u> </u>	plied For at Applicable		
Zip	Country	Zip	p Country			of Status Desired	X	\$8.75 Add Fee Require		
	6. Name and Address of Curren	t Registered Agent			7. Name and	Address of New F	Registered	Agent		
MARCANO	A RENIAMIN			Name						
MARCANO, BENJAMIN 8244 VIA VIVALDI ORLANDO, FL 32836				Street Address (P.O. Box Number is Not Acceptable)						
0	· · · · · · · · · · · · · · · · · · ·									
				City		100 - 100	FI	Zip Code	e	
	named entity submits this statement f tions of registered agent.	or the purpose of changing its	register	ed office or regis	tered agent, or bot	h, in the State of Fl	orida. Iam	familiar with,	and accept	
SIGNATURE.					,					
, aldivatorie.	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	; Registere	d Agent signature requ	ired when reinstating)		DATE			
FIL After M	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550	9. Election Campaig Trust Fund Contr	_		5.00 May 8e dded to Fees					
10.	OFFICERS AND		11.		ADDITIONS/	CHANGES TO OFF	FICERS AN			
TITLE NAME	PD MARCANO, BENJAMIN	☐ Delete	TITLI	·				☐ Change	Addition	
STREET ADDRESS	8244 VIA VIVALDI			ET ADDRESS						
CITY-ST-ZIP	ORLANDO, FL 32836			-ST-ZIP						
TITLE		☐ Delete	1111	E				☐ Change	☐ Addition	
NAME	ļ		NAM	E .						
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP			┪—	-ST-ZIP						
TITLE NAME		☐ Delete	TITLI NAM	1				Change	Addition	
STREET ADDRESS				ET ADDRESS						
CITY_ST-ZIP&&			CITY	-ST-ZIP						
TITLE		☐ Delete	TITL	E				☐ Change	Addition	
NAME			NAM							
STREET ADORESS CATY-ST-ZIP	1			ET ADDRESS -ST-ZIP						
TITLE				31 CH						
		□ Dolate	+-	F				Channe	noitibhA 🔲	
		☐ Delete	TITU NAM					Change	☐ Addition	
NAME STREET ADDRESS		☐ Delete	TITU NAM					☐ Change	☐ Addition	
NAME		☐ Delete	TITU NAM STRE	NE				Change	Addition	
NAME STREET ADDRESS CHY-ST-ZIP TITLE		☐ Delete	THTU NAM STRE CITY	EET ADDRESS '-ST-ZIP				☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			NAM STRE CITY TITL	EET ADDRESS -ST-ZIP E						
NAME STREET ADDRESS CHY-ST-ZIP TITLE			IITLI NAM SIRE CITY TITLI NAM STRI	EET ADDRESS '-ST-ZIP						

Inerept certify that the information supplied with this litting does not qualify for the exemptions contained in Chapter 119, Profined statutes. I notice the 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 eath; that I am an efficier 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 addition, with all other like empowered.

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NAME OF SIGNING OFFICER OR DIRECTOR

407-649-4376