


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90011 012 \*\*\*150.00

<b>DOCUMENT # L82752</b>		
1. Entity Name MICHAEL F. CUSMANO, INC.		

Principal Place of Business 600 W. PROSPECT RD SUITE 2F FT. LAUDERDALE, FL 33309 US	Mailing Address 600 W. PROSPECT ROAD SUITE 2F FT. LAUDERDALE, FL 33309 US
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2. Principal Place of Business - No P.O. Box # <i>12768 170th Road N.</i>	3. Mailing Address <i>12768 170th Road N.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Jupiter, FL</i>	City & State <i>Jupiter, FL</i>
Zip <i>33478</i>	Zip <i>33478</i>
Country <i>USA</i>	Country <i>USA</i>

40038889



03072007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0209216	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CUSMANO, MICHAEL 600 W. PROSPECT ROAD SUITE 2F FT. LAUDERDALE, FL 33309	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>12768 170th Road N.</i> City <i>Jupiter</i> FL Zip Code <i>33478</i>
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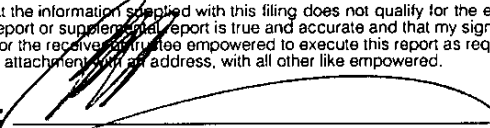
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CUSMANO, MICHAEL F. 600 W. PROSPECT ROAD SUITE 2F FT. LAUDERDALE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>12768 170th Road N. Jupiter, FL 33478</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CUSMANO, KATHLEEN F. 600 W. PROSPECT ROAD SUITE 2F FT. LAUDERDALE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>12768 170th Road N. Jupiter, FL 33478</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

3-16-2007

Date

561-234-0296

Daytime Phone #