

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # M38274**

1. Entity Name  
**PROFESSIONAL PROGRAMMERS, INC.**



Principal Place of Business  
**3040 E. COMMERCIAL BLVD.  
FT. LAUDERDALE, FL 33308**

Mailing Address  
**3040 E. COMMERCIAL BLVD.  
FT. LAUDERDALE, FL 33308**



02262008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2728414**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MARTINI, RONALD A  
3040 E COMMERCIAL BLVD  
FT. LAUDERDALE, FL 33308**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U00000843186  
03/11/08-80060-008 158.75

**10. OFFICERS AND DIRECTORS**

|                |                          |
|----------------|--------------------------|
| TITLE          | PD                       |
| NAME           | MARTINI, RONALD A        |
| STREET ADDRESS | 3040 E. COMMERCIAL BLVD. |
| CITY-ST-ZIP    | FT. LAUDERDALE, FL 33308 |
| TITLE          | STD                      |
| NAME           | AQUINO, DIANE            |
| STREET ADDRESS | 3040 E. COMMERCIAL BLVD. |
| CITY-ST-ZIP    | FT. LAUDERDALE, FL 33308 |
| TITLE          | VD                       |
| NAME           | BECKER, NORMAN A         |
| STREET ADDRESS | 2404 HOLLYWOOD BLVD      |
| CITY-ST-ZIP    | HOLLYWOOD, FL 33020      |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY-ST-ZIP    |                          |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY-ST-ZIP    |                          |

**DO NOT WRITE  
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:** *Diane Aquino, Sec*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/26/08*

Date

*954.491-0704*

Daytime Phone #