

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000028708

FILED
Jul 18, 2008
Secretary of State

Entity Name: ROSALIE GUARIO SILVESTRI, P.A.

Current Principal Place of Business:

55 NE 5TH AVENUE, SUITE 501
BOCA RATON, FL 334325500

New Principal Place of Business:

926 NORTH UNIVERSITY DRIVE
DAVIE, FL 33071

Current Mailing Address:

55 NE 5TH AVENUE, SUITE 501
BOCA RATON, FL 334325500

New Mailing Address:

4171 SW 135TH AVE
DAVIE, FL 33330

FEI Number: 65-0997679

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRONCONE, MONIQUE CPA
499 E PALMETTO PARK RD
207
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

SILVESTRI, ROSALIE G
4171 SW 135TH AVE
DAVIE, FL 33330 US

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.

SIGNATURE: ROSALIE GUARIO SILVESTRI, P.A.

07/18/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: SILVESTRI, ROSALIE GUARIO
Address: 4171 SW 135 AVE.
City-St-Zip: DAVIE, FL 33330

Title: VP () Delete
Name: SILVESTRI, MIKE
Address: 1656 SW 109TH TERRACE
City-St-Zip: DAVIE, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: SILVESTRI, ROSALIE GUARIO
Address: 4171 SW 135 AVE.
City-St-Zip: DAVIE, FL 33330 US

Title: VP (X) Change () Addition
Name: SILVESTRI, MIKE
Address: 4171 SW 135TH AVE
City-St-Zip: DAVIE, FL 33330 US

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.

SIGNATURE: MICHAEL SILVESTRI

VP

07/18/2008

Electronic Signature of Signing Officer or Director

Date

A-28708

ATTACHMENT

66015637

filed 7/18/08

July 23rd, 2008

RE: Document Number: P00000028708
 Reference Number: 800133156298
 Payment ID Number: 24273683
 Client Name: Rosalie Guario Silvestri

To Whom It May Concern,

I am writing to request a partial refund on my payment of my Annual Report Fee. I paid online and was charged a \$400 late fee. My accountant told me, after the fact, that my due date for payment is Sept. 12, 2008 as is stated on my document which I have enclosed. I spoke with someone at the State Divisions of Corporations immediately after I made payment (which is also enclosed) and was told to write a letter with an explanation and my credit card will be refunded.

Did not receive notice to file annual report. Please refund late fee.

Thank you,

Rosalie Guario Silvestri (954) 647-8409

Rosalie Guario Silvestri

Jeraline => Thank you!!

Fax: (850) 245-6017