

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000034676

1. Entity Name

VIA PALMA DELRAY, INC.



Principal Place of Business
1220 DANBURY AVE
PLANTATION FL 33317

Mailing Address
1220 DANBURY AVE
PLANTATION FL 33317



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0996754

Applied For
Not Applicable

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

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUERRIERI, FRANK
14340 ARLINGTON PLACE
DAVIE FL 33325

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. (Implication)

(NOTE: Registered Agent signature required when not changing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D
BEESON, J M JR
STREET ADDRESS
7099 E TROPICAL WAY
CITY-STATE-ZIP
PLANTATION FL 33317

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
U00000808240
02/07/08-80042-001 150.00

TITLE
NAME
PD
GUERRIERI, FRANK
STREET ADDRESS
14340 ARLINGTON PLACE
CITY-STATE-ZIP
DAVIE FL 33325

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
SD
SIRAVO, ANTHONY
STREET ADDRESS
14300 ARLINGTON PLACE
CITY-STATE-ZIP
DAVIE FL 33325

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
TVD
GUERRIERI, DANIEL
STREET ADDRESS
1220 DANBURY AVE
CITY-STATE-ZIP
DAVIE FL 33325

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
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CITY-STATE-ZIP
☐ Delete

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Daniel Guerrieri*, *treas.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-08 (954)
473-5272