

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000058180		
1. Entity Name EXPERT OFFICE PROPERTY, INC.		
Principal Place of Business 127 BOCA RATON RD. BOCA RATON, FL 33432	Mailing Address 127 BOCA RATON RD. BOCA RATON, FL 33432	



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1015626	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FALETRA, JOHN
127 BOCA RATON RD.
BOCA RATON, FL 33432**

**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 _____ (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**

10. OFFICERS AND DIRECTORS

TITLE PD	NAME FALETRA, JOHN	STREET ADDRESS 3852 CHURCHILL DOWNS DRIVE	CITY-ST-ZIP DAVIE, FL 33328
TITLE VSTD	NAME GORMAN, ROBERT V	STREET ADDRESS 6545 BLUE BAY CIRCLE	CITY-ST-ZIP LAKE WORTH, FL 33467
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		

00000008221177
02/19/08-80054-010-150.00

**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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/08 **561-394-0633**
Date Daytime Phone #