2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2008 8:00 am
Secretary of State
03-03-2008 90194 004 ***150.00

DOCUMENT # P00000073721

1. Entity Name

THE LEGAL FORUM, INC.

Principal Place of Business	Mailing Address
~~7256 PINE PARK DR.~~ W. ~~LAKE WORTH FL 33467~~	P.O, BOX 540065 LAKE WORTH FL 33454

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
12159 FOREST GREENS DR.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOYNTON BEACH, FL.	City & State
Zip: 33437 Country: U.S.	Zip Country

4. FEI Number 65-1034729 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROMANO, R. MICHAEL ~~7256 PINE PARK DR. W.~~ ~~LAKE WORTH FL 33467~~ ADDRESS CHANGE →	Name: ROMANO, R. MICHAEL Street Address (P.O. Box Number is Not Acceptable): 12159 FOREST GREENS DRIVE City: BOYNTON BEACH FL Zip Code: 33437

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: R. Michael Romano R. MICHAEL ROMANO 2-21-2008
(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
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 / STREET ADDRESS / CITY-ST-ZIP	D ROMANO, ROCCO M ~~7256 PINE PARK DR. W.~~ ~~LAKE WORTH FL 33467~~ ADDRESS CHANGE → 12159 FOREST GREENS DR. BOYNTON BCH, FL. 33437	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition

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: Rocco M. Romano ROCCO M. ROMANO -2/21/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Document Number 9182