

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90198 020 ***150.00

DOCUMENT # P00000103890					
1. Entity Name ARTHUR PALERMO JR. FINANCIAL SERVICES, INC.					
Principal Place of Business 5400 S. UNIVERSITY DR SUITE 119 DAVIE, FL 33328			Mailing Address 5400 S. UNIVERSITY DR SUITE 119 DAVIE, FL 33328		
2. Principal Place of Business 9720 STIRLING RD. Suite, Apt. #, etc. SUITE 203 City & State COOPER CITY Zip 33024 Country US		3. Mailing Address 9720 STIRLING RD. Suite, Apt. #, etc. SUITE 203 City & State COOPER CITY Zip 33024 Country US			
4. FEI Number 65-1050771				Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PALERMO, ARTHUR JR 5400 S. UNIVERSITY DRIVE SUITE 119 DAVIE, FL 33328			7. Name and Address of New Registered Agent Name (Same) Street Address (P.O. Box Number is Not Acceptable) 9720 STIRLING RD. SUITE 203 City COOPER CITY FL Zip Code 33024		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$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	P PALERMO, ARTHUR JR 5400 S. UNIVERSITY DR. SUITE 119 DAVIE, FL 33328	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Same) 9720 STIRLING RD., #203 Cooper City, FL 33024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Arthur Palermo Jr. 4/8/06 (954) 252-9622					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					