


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90106 016 ***150.00

DOCUMENT # P00000103890		
1. Entity Name ARTHUR PALERMO JR. FINANCIAL SERVICES, INC.		

Principal Place of Business 9720 STIRLING RD STE 203 COOPER CITY, FL 33024 US	Mailing Address 9720 STIRLING RD STE 203 COOPER CITY, FL 33024 US
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2. Principal Place of Business - No P.O. Box # 9720 Stirling Road	3. Mailing Address 9720 Stirling Road
Suite, Apt. #, etc. Suite 201	Suite, Apt. #, etc. Suite 201
City & State Cooper City, FL	City & State Cooper City, FL
Zip 33024-8015	Country USA



04102008 Chg-P CR2E034 (12/06)

4. FEI Number 65-1050771	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PALERMO, ARTHUR JR 9720 STIRLING RD STE 203 COOPER CITY, FL 33024	
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7. Name and Address of New Registered Agent	
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 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	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PALERMO, ARTHUR JR 9720 STIRLING RD. STE 203 COOPER CITY, FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 any other like empowered.

SIGNATURE: CPA Arthur Palermo Jr. 4/22/08 (954) 252-9622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #