


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2008 8:00 am**  
**Secretary of State**

01-10-2008 90009 004 \*\*\*150.00

<b>DOCUMENT # P01000044424</b>	
1. Entity Name <b>ANTHONY COLANGELO &amp; ASSOCIATES, INC.</b>	

Principal Place of Business <b>1941 N. DIXIE HWY #7 POMPANO BEACH, FL 33060</b>	Mailing Address <b>1941 N. DIXIE HWY #7 POMPANO BEACH, FL 33060</b>
--	--

2. Principal Place of Business - No P.O. Box # <b>2240 D No. Federal Hwy</b> Suite, Apt. #, etc. <b>D</b>	3. Mailing Address <b>2240 D No. Federal Hwy</b> Suite, Apt. #, etc. <b>D</b>
City & State <b>Pompano Beach, Florida</b>	City & State <b>Pompano Beach, Florida</b>
Zip <b>33062</b>	Zip <b>33062</b>
Country <b>Broward</b>	Country <b>Broward</b>



01062008 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-1096691</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>COLANGELO, ANTHONY</b> <b>1941 N. DIXIE HWY #7</b> <b>POMPANO BEACH, FL 33060</b>	7. Name and Address of New Registered Agent Name <b>Anthony Colangelo</b> Street Address (P.O. Box Number is Not Acceptable) <b>2240 D. No. Federal Hwy</b> City <b>Pompano Beach</b> FL Zip Code <b>33062</b>
---	---

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 *Anthony Colangelo* DATE 1/7/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>P</b> <b>COLANGELO, ANTHONY</b> <b>1941 N. DIXIE HWY #7</b> <b>POMPANO BEACH, FL 33060</b> <b>2240 D No. Federal Hwy</b> <b>33062</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Anthony Colangelo* DATE 1/7/08 (954) 298-8977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR