

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000068991

Entity Name: SYMPHONY PARTNERS, INC.

FILED  
Apr 18, 2008  
Secretary of State

## Current Principal Place of Business:

2100 W. CYPRESS CREEK ROAD  
FORT LAUDERDALE, FL 33309

## New Principal Place of Business:

1350 NE 56TH STREET  
SUITE 200  
FORT LAUDERDALE, FL 33334

## Current Mailing Address:

PO BOX 5403  
FORT LAUDERDALE, FL 33310

## New Mailing Address:

1350 NE 56TH STREET  
SUITE 200  
FORT LAUDERDALE, FL 33334

FEI Number: 65-1120350

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCANLON, GEORGE P  
2100 W. CYPRESS CREEK ROAD  
FORT LAUDERDALE, FL 33309 US

## Name and Address of New Registered Agent:

ABDO, JOHN E  
1350 NE 56TH STREET  
SUITE 200  
FORT LAUDERDALE, FL 33334 US

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.

SIGNATURE: JOHN E. ABDO

04/18/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ABDO, JOHN E  
Address: 2100 W. CYPRESS CREEK ROAD  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: O ( ) Delete  
Name: SCANLON, GEORGE P  
Address: 2100 W. CYPRESS CREEK ROAD  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: V (X) Delete  
Name: ABDO, FRANK J  
Address: 2100 W. CYPRESS CREEK ROAD  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: V (X) Delete  
Name: WISE, SETH M  
Address: 2100 W. CYPRESS CREEK ROAD  
City-St-Zip: FORT LAUDERDALE, FL 33309

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition  
Name: ABDO, JOHN E  
Address: 1350 NE 56TH STREET, STE 200  
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: VD (X) Change ( ) Addition  
Name: LEVAN, ALAN B  
Address: 1350 NE 56TH STREET, STE 200  
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN E. ABDO

P

04/18/2008

Electronic Signature of Signing Officer or Director

Date