2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State
02-08-2008 90042 046 ***150.00

DOCUMENT # P01000104656

1. Entity Name
STEVE ROSSI, P.A.

40021355

Principal Place of Business	Mailing Address
625 N.E. THIRD AVENUE FORT LAUDERDALE, FL 33304	625 N.E. THIRD AVENUE FORT LAUDERDALE, FL 33304

01302008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
533 NE 3rd Avenue	533 NE 3rd Avenue
Suite, Apt. #, etc.: Ground Floor Suite 2	Suite, Apt. #, etc.: Ground Floor Suite 2
City & State: Fort Lauderdale, FL	City & State: Fort Lauderdale, FL
Zip: 33301 Country:	Zip: 33301 Country:

4. FEI Number 65-1152869 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SLATOFF, ROBERT T ESQ.
7805 S.W. 6TH COURT
PLANTATION, FL 33324

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 X 2-1-08
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. ☐ **$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 ROSSI, STEVE 625 N.E. THIRD AVENUE FORT LAUDERDALE, FL 33304	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rossi, Steve 533 NE 3rd Avenue, Suite #2 Fort Lauderdale, FL 33301	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 2-1-08 (954)524-0506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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ATTACHMENT

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Mailing Address:
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FORT LAUDERDALE, FL 33304

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SIGNATURE: 2-1-08 (954)524-0606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #