

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90042 046 ***150.00

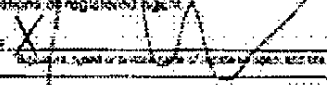
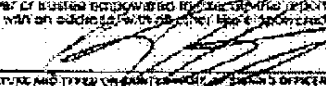
DOCUMENT # P01000104656 1. Entity Name STEVE ROSSI, P.A.			
Principal Place of Business 625 N.E. THIRD AVENUE FORT LAUDERDALE, FL 33304		Mailing Address 625 N.E. THIRD AVENUE FORT LAUDERDALE, FL 33304	
2. Principal Place of Business - No P.O. Box # 533 NE 3rd Avenue Suite, Apt. #, etc. Ground Floor Suite 2 City & State Fort Lauderdale, FL Zip 33301		3. Mailing Address 533 NE 3rd Avenue Suite, Apt. #, etc. Ground Floor Suite 2 City & State Fort Lauderdale, FL Zip 33301	
			
		40021355	
		01302008 Chg-P CR2E034 (12/06)	
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 <u>X</u> 2-1-08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
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	D ROSSI, STEVE ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	ROSSI, STEVE	NAME	
STREET ADDRESS	625 N.E. THIRD AVENUE	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Rossi, Steve	NAME	
STREET ADDRESS	533 NE 3rd Avenue, Suite #2	STREET ADDRESS	
CITY-ST-ZIP	Fort Lauderdale, FL 33301	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		2-1-08 (954)524-0506 Date Daytime Phone #	

01-31-08 12:22 FROM: Steve Rossi P.A.

9543183690

T-851 P002/003 F-568

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT****ATTACHMENT**

DOCUMENT # P01000104656			
1. Entity Name STEVE ROSSI, P.A.			
Physical Place of Business 625 N.E. THIRD AVENUE FORT LAUDERDALE, FL 33304		Mailing Address 625 N.E. THIRD AVENUE FORT LAUDERDALE, FL 33304	
2. Principal Place of Business - Not P.O. Box 533 NE 3rd Avenue Suite, Apt. #, etc. Ground Floor Suite 2 Fort Lauderdale, FL City & State 33301 Country		3. Mailing Address 533 NE 3rd Avenue Suite, Apt. #, etc. Ground Floor Suite 2 Fort Lauderdale, FL City & State 33301 Country	
01302008 Cng-P CRZED04 (12/05)		4. FEI Number 65-1152869	
5. Certificate of Status Desired ☐ \$675 Additional Fee Required		6. Name and Address of Current Registered Agent SLATOFF, ROBERT JESQ. 7805 S.W. 8TH COURT PLANTATION, FL 33324	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Applicable) City FL Zip Code		8. I, the above named entity, certify this statement for the purpose of changing my 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 2-1-08		NOTE: Registered Agent signature is required when changing office.	
FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Spending Trust Forfeiture Contribution ☐ \$5.00 may be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 11...)	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D ROSSI, STEVE 625 N.E. THIRD AVENUE FORT LAUDERDALE, FL 33304 ☒ New	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D ROSSI, STEVE 533 NE 3rd Avenue, Suite #2 Fort Lauderdale, FL 33301 ☐ Change	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and correct, and that my signature is as attested by the State Seal of the State of Florida, and that my name appears in Block 10 or Block 11 of this report or supplemental report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 of this report or supplemental report as required by Chapter 607, Florida Statutes.			
SIGNATURE: 		DATE: 2-1-08 (0154)524-0506	
NOTARIAL AND TYPED NAME OF REGISTERED AGENT OR SECRETARY		DATE	