

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90179 036 ***150.00

DOCUMENT # P02000013049

1. Entity Name
THE LAW OFFICES OF JAMES V. FACCILOLO, III, P.A.



Principal Place of Business
1975 E SUNRISE BLVD
701
FORT LAUDERDALE, FL 33304

Mailing Address
1975 E SUNRISE BLVD
701
FORT LAUDERDALE, FL 33304

2. Principal Place of Business - No P.O. Box #
211 S.W. 2nd Street
Suite, Apt. #, etc.
Suite H
City & State
Ft. Lauderdale, FL
Zip
33301
Country
U.S.

3. Mailing Address
211 S.W. 2nd Street
Suite, Apt. #, etc.
Suite H
City & State
Ft. Lauderdale, FL
Zip
33301
Country
U.S.

60033239



04212008 Chg-P CR2E034 (12/06)

4. FEI Number
74-3027183

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
FACCILOLO, JAMES V III
1975 E SUNRISE BLVD
SUITE 701
FORT LAUDERDALE, FL 33304

7. Name and Address of New Registered Agent
Name
Facciolo, James V III
Street Address (P.O. Box Number is Not Acceptable)
211 S.W. 2nd Street
Suite H
City
Ft. Lauderdale
FL
Zip Code
33301

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 DATE 4/19/08

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 NAME STREET ADDRESS CITY-ST-ZIP	PSD FACCILOLO, JAMES V III 1975 E SUNRISE BLVD, STE 701 FORT LAUDERDALE, FL 33304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Facciolo, James V. III 211 S.W. 2 nd Street Suite H Ft. Lauderdale, FL 33301 <input checked="" 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
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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: DATE 4/19/08 (954) 779-1805

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR