

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

09-30-2004 90013 019 \*\*\*150.00

FILED P03000011420

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 OCT -4 AM 8:00

DOCUMENT # P03000011420

1. Entity Name  
ROMANELLO PROFESSIONAL ASSOCIATION



Principal Place of Business  
11555 HERON BAY BOULEVARD  
SUITE 200  
CORAL SPRINGS, FL 33076

Mailing Address  
11555 HERON BAY BOULEVARD  
SUITE 200  
CORAL SPRINGS, FL 33076

54073711



08052004 Chg-P CR2E034 (10/03)

4. FEI Number  
33-1046617

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

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

## 6. Name and Address of Current Registered Agent

ROMANELLO, STEVEN J  
11555 HERON BAY BOULEVARD  
SUITE 200  
CORAL SPRINGS, FL 33076

## 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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reappointing) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROMANELLO, STEVEN J 5720 NW 120TH AVENUE CORAL SPRINGS, FL 33076	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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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 exemption stated in Section 119.07(3)(i), 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: Steven Romanello / President 9/27/09 (914) 603.0122