

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000035905

**FILED**  
**Feb 03, 2009**  
**Secretary of State**

**Entity Name:** MONIQUE TRONCONE, CPA. P.A.

**Current Principal Place of Business:**

55 NE 5TH AVE, STE 501  
BOCA RATON, FL 334324093 US

**New Principal Place of Business:**

**Current Mailing Address:**

55 NE 5TH AVE, STE 501  
BOCA RATON, FL 334324093 US

**New Mailing Address:**

**FEI Number:** 65-1177327      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

TRONCONE, MONIQUE CPA  
55 NE 5TH AVENUE  
SUITE 501  
BOCA RATON, FL 334325500 US

**Name and Address of New Registered Agent:**

TRONCONE, MONIQUE CPA  
55 NE 5TH AVENUE  
SUITE 501  
BOCA RATON, FL 334324093 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: \_\_\_\_\_ 02/03/2009  
Electronic Signature of Registered Agent      Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: TRONCONE, MONIQUE CPA  
Address: 201 NE 5TH AVENUE  
City-St-Zip: BOCA RATON, FL 334324056 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: MONIQUE TRONCONE PD 02/03/2009  
Electronic Signature of Signing Officer or Director      Date