

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000035905

**FILED**  
**May 03, 2010**  
**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 ( )**

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

TRONCONE, MONIQUE CPA  
55 NE 5TH AVENUE  
SUITE 501  
BOCA RATON, FL 334324093 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: TRONCONE, MONIQUE CPA  
Address: 201 NE 5TH AVENUE  
City-St-Zip: BOCA RATON, FL 33432 US

I hereby 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 all other like empowered.

SIGNATURE: MONIQUE TRONCONE

PD

05/03/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date