

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000069000

Entity Name: NICHOLAS GOGLUCCI P.A.

FILED
Jan 14, 2008
Secretary of State

Current Principal Place of Business:

3111 N UNIVERSITY DRIVE
SUITE 111
CORAL SPRINGS, FL 33065

New Principal Place of Business:

939 N UNIVERSITY DRIVE
CORAL SPRINGS, FL 33071

Current Mailing Address:

3111 N UNIVERSITY DRIVE
SUITE 111
CORAL SPRINGS, FL 33065

New Mailing Address:

939 N UNIVERSITY DRIVE
CORAL SPRINGS, FL 33071

FEI Number: 20-0111946

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOGLUCCI, NICHOLAS
3111 N UNIVERSITY DRIVE
111
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

GOGLUCCI, NICHOLAS
939 N UNIVERSITY DRIVE
CORAL SPRINGS, FL 33071 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: _____

Electronic Signature of Registered Agent

01/14/2008

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GOGLUCCI, NICHOLAS A PA.
Address: 3111 N UNIVERSITY DRIVE SUITE 111
City-St-Zip: CORAL SPRINGS, FL 33065

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: GOGLUCCI, NICHOLAS A PA.
Address: 939 N UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: TR () Change (X) Addition
Name: DONATO, MARIE
Address: 939 N. UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071

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: NICHOLAS GOGLUCCI

DP

01/14/2008

Electronic Signature of Signing Officer or Director

Date