2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000069000

Entity Name: NICHOLAS GOGLUCCI P.A.

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

939 N UNIVERSITY DRIVE 2001 N. OCEAN BLVD CORAL SPRINGS, FL 33071

801

FORT LAUDERDALE, FL 33305

Current Mailing Address: New Mailing Address:

2001 N. OCEAN BLVD 939 N UNIVERSITY DRIVE CORAL SPRINGS, FL 33071

801

FORT LAUDERDALE, FL 33305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

FEI Number: 20-0111946 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GOGLUCCI, NICHOLAS GOGLUCCI, NICHOLAS 939 N UNIVERSITY DRIVE 2001 N. OCÉAN BLVD CORAL SPRINGS, FL 33071 US

FORT LAUDERDALE, FL 33305 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: NICHOLAS GOGLUCCI 04/15/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

Name:

Address:

City-St-Zip:

() Delete Title: (X) Change () Addition GOGLUCCI, NICHOLAS A PA. GOGLUCCI, NICHOLAS A PA. Name: 939 N UNIVERSITY DRIVE 2001 N. OCEAN BLVD SUITE 801 Address: CORAL SPRINGS, FL 33071 City-St-Zip: FORT LAUDERDALE, FL 33305

() Delete Title: Title: (X) Change () Addition

DONATO, MARIE GOGLUCCI, MARIE Name: Name:

939 N. UNIVERSITY DRIVE Address: 2001 N. OCEAN BLVD SUITE 801 Address: CORAL SPRINGS, FL 33071 FORT LAUDERDALE, FL 33305 City-St-Zip: 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: NICHOLAS GOGLUCCI DP 04/15/2009