

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90006 006 ***150.00

DOCUMENT # P03000081788 Entity Name MICHAEL A. DECARLO, JR. C.P.A., P.A.																													
Principal Place of Business 1401 BRICKELL AVE # 920 MIAMI, FL 33131			Mailing Address P.O. BOX 310115 MIAMI, FL 33231																										
2. Principal Place of Business - No P.O. Box # 1395 Brickell Ave		3. Mailing Address <i>Same as before</i>																											
Suite, Apt. #, etc. 630		Suite, Apt. #, etc. <i>before</i>																											
City & State Miami, FL		City & State (blank)		4. FEI Number 11-3698326																									
Zip 33131		Country (blank)		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent DECARLO, MICHAEL A JR 1401 BRICKELL AVE # 920 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name (blank) Street Address (P.O. Box Number is Not Acceptable) 1395 Brickell Avenue # 630 City FL Zip Code (blank)																									
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 <i>Michael A. Decarlo, Jr. Manager</i> 2/19/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DECARLO, MICHAEL A JR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1401 BRICKELL AVE, # 920</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33131</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	DECARLO, MICHAEL A JR		STREET ADDRESS	1401 BRICKELL AVE, # 920		CITY-ST-ZIP	MIAMI, FL 33131		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1395 BRICKELL AVE, #630</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	1395 BRICKELL AVE, #630		CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>[Signature]</i> 2/19/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													