

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90342 047 ***150.00

DOCUMENT # P03000088101

1. Entity Name
GERALD J. D'AMBROSIO, P.A.,



Principal Place of Business
199 BOCA RATON RD
1A
BOCA RATON, FL 33432

Mailing Address
199 BOCA RATON RD
1A
BOCA RATON, FL 33432

2. Principal Place of Business
370 W. CAMINO GARDENS

3. Mailing Address
370 W. CAMINO GARDENS Blvd

Suite, Apt. #, etc.
111

Suite, Apt. #, etc.
111

City & State
Boca Raton FL

City & State
Boca Raton FL

04202004 Chg-P CR2E034 (10/03)

4. FEL Number
65-1025587

Applied For
Not Applicable

Zip
33432

Country
Palm Beach

Zip
33432

Country
Palm Beach

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

D'AMBROSIO, GERALD J
199 BOCA RATON RD.
1A
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent

Name
JAMI
Street Address (P.O. Box Number is Not Acceptable)
370 W. CAMINO GARDENS Blvd
Suite 111
City Boca Raton FL Zip Code 33432

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GERALD J. D'AMBROSIO
199 BOCA RATON RD, SUITE 1A
BOCA RATON, FL 33432 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
370 W. CAMINO GARDENS Blvd.
Suite 111
Boca Raton FL 33432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-04 361 730-9924