2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90009 039 ***150.00

4UU46606

DOCUMENT # P03000092872

1. Entity Name
CHRISTINE PISTORIO PA

Principal Place of Business
~~2500 NE 27TH ST.~~
~~LIGHTHOUSE PT., FL 33064~~ #15
330 S.W 8th St
BOCA RATON, FL 33432

Mailing Address
~~2500 NE27TH ST.~~
~~LIGHTHOUSE PT., FL 33064~~
330 S.W. 8th St #15
BOCA RATON FL 33432

2. Principal Place of Business No P.O. Box #

3. Mailing Address

Suite, Apt #, etc | Suite, Apt #, etc

City & State | City & State

Zip | Country | Zip | Country

03162007 Chg-P CR2E034 (12/06)

4. FEI Number: 35-0843399 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

PISTORIO, CHRISTINE
~~2500 NE 27TH ST.~~
~~LIGHTHOUSE PT., FL 33064~~
330 S.W. 8th St. #15
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent

Name: Christine Pistorio
Street Address (P.O. Box Number is Not Acceptable): 330 S.W. 8th St #15
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 ______________________ DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PT PISTORIO, CHRISTINE ~~2500 NE 27TH ST.~~ ~~LIGHTHOUSE PT, FL 33064~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☒ Change ☐ Addition 330 S.W. 8th St. #15 BOCA RATON, FL 33432
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
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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: Christine Pistorio 3/21/07 561-703-0847

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #