



**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90031 031 \*\*\*150.00

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|--|---|--|---|---|--|
| <b>DOCUMENT # P03000105220</b>   |   |                                       |   | <b>Secretary of State</b><br>01-31-2008 90031 031 ***150.00                                     |  |
| 1. Entity Name<br><b>BOB FROM FL&amp;P, INC.</b>   |   |  |   |   |  |
| Principal Place of Business<br><b>9900 WEST SAMPLE ROAD<br/>SUITE 300<br/>CORAL SPRINGS, FL 33065 US</b>   |   | Mailing Address<br><b>9900 WEST SAMPLE ROAD<br/>SUITE 300<br/>CORAL SPRINGS, FL 33065 US</b>                           |   |   |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address   |   |               |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |   | 01062008 Chg-P CR2E034 (12/06)  |  |
| City & State   |   | City & State   |   | 4. FEI Number<br><b>20-0346021</b><br>Applied For<br>Not Applicable                             |  |
| Zip  | Country   | Zip  | Country   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><b>MARKOWITZ, IRA F<br/>9900 WEST SAMPLE ROAD<br/>SUITE 300<br/>CORAL SPRINGS, FL 33065</b>   |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |   |  |
| 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____   |   |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |   |  |
| 10. OFFICERS AND DIRECTORS   |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P<br/>BAGNATO, ROBERT A<br/>9900 WEST SAMPLE ROAD, SUITE 300<br/>CORAL SPRINGS, FL 33065</b> | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VP<br/>MURKOWITZ, IRA F<br/>9900 WEST SAMPLE RD<br/>CORAL SPRINGS, FL 33065</b>              | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| 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: <b>IRA F. MARKOWITZ</b>   |   | Date: <b>1/23/08</b>   |   | Daytime Phone #: <b>954-755-8501</b>  |  |