2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 16, 2007 08:00 AM DOCUMENT # P04000007551 **Secretary of State** F. VICINO AND COMPANY, INC. Principal Place of Business Mailing Address 15 NE 2 AVE **15 NE 2 AVE** DEERFIELD BEACH, FL 33441 DEERFIELD BEACH, FL 33441 No Chg-P CR2E034 (11/05) 01112007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0604687 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent VICINO, FRANK JR DO NOT WRITE 15 NE 2 AVE DEERFIELD BEACH, FL 33441 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS VICINO, FRANK JR NAME U00000587043 STREET ADDRESS 1800 S OCEAN DR #807 01/17/07-80016-023 150.00 CITY-ST-ZIP POMPANO BEACH, FL 33062 TITLE VICINO, FRANK SR 3100 N OCEAN BLVE #1507 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33308 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CHY-ST-7/P TITLE STREET ADDRESS CITY-ST-ZIP

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME STREET ADDRESS CITY-ST-ZIP

JAN.11.2001

954 422.5710

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