


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # P04000056836	
1. Entity Name FRANCES DEVIVO, P.A.	

Principal Place of Business 770 HIGH POINT BLVD N, APT D DELRAY BEACH, FL 33445-3130	Mailing Address 770 HIGH POINT BLVD N, APT D DELRAY BEACH, FL 33445-3130
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04022008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1063201	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JOEL M. COMERFORD, P.A. 350 CAMNO GARDENS BLVD STE 303 BOCA RATON, FL 33432
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7. The above named entry 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 resigning) **DATE** _____

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
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10. OFFICERS AND DIRECTORS	
TITLE DI	NAME DEVIVO, FRANCES
STREET ADDRESS 770 HIGH POINT BLVD N, APT D	CITY-ST-ZIP DELRAY BEACH, FL 334453130
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
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<p>U000000384346 04/17/08-80040-003 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: FRANCES DEVIVO 4/2/08 561-479-8688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #