

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 08:00 AM
Secretary of State



1st MOORE CR2E034 (10/06)

DOCUMENT # P04000088061 1. Entity Name AFP MANAGEMENT, INC.																																																																																			
Principal Place of Business 1861 N FEDERAL HWY SUITE 120 HOLLYWOOD FL 33020			Mailing Address 1861 N FEDERAL HWY SUITE 120 HOLLYWOOD FL 33020																																																																																
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																
City & State			City & State																																																																																
Zip		Country		4. FEI Number 34-2000094																																																																															
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																																																																															
6. Name and Address of Current Registered Agent PASSALACQUA, ANNA 1861 N FEDERAL HWY # 120 HOLLYWOOD FL 33019				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 reinstating) DATE _____																																																																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>STREET ADDRESS</td> <td>PASSALACQUA, ANNA</td> <td></td> <td>STREET ADDRESS</td> <td>1100000647752</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>1861 N FEDERAL HWY SUITE 120 HOLLYWOOD FL 33020</td> <td></td> <td>CITY - ST - ZIP</td> <td>03/06/07-80083-021 150.00</td> <td></td> </tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add	STREET ADDRESS	PASSALACQUA, ANNA		STREET ADDRESS	1100000647752		CITY - ST - ZIP	1861 N FEDERAL HWY SUITE 120 HOLLYWOOD FL 33020		CITY - ST - ZIP	03/06/07-80083-021 150.00																																																							
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Anna Passalacqua</u> <u>ANNA PASSALACQUA</u> <u>2/19/07</u> <u>954-924-0400</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																			