

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**

07 AUG 16 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA07/08/07 90092 005
\$550.00

07022007 No Chg-P CR2E034 (11/05)

4. FEI Number
27-0095062Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required**DO NOT WRITE IN THIS SPACE****6. Name and Address of Current Registered Agent**KENNETH M. KALEEL, P.A.
555 NO. CONGRESS AVE.
SUITE 301
BOYNTON BEACH, FL 33426**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-electing)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	CONSTANZO, THEODORE A
STREET ADDRESS	2155 SO. OCEAN BLVD. #15
CITY- ST- ZIP	DELRAY BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

Theodore A Costanzo

Date

Official Phone #