# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 AUG 16 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07/09/07 90092 008 $550.00

DOCUMENT # P04000096469

1. Entity Name
100 DELRAY BLDG., INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 555 NO. CONGRESS AVE.<br>SUITE 301<br>BOYNTON BEACH, FL 33426 | 555 NO. CONGRESS AVE.<br>SUITE 301<br>BOYNTON BEACH, FL 33426 |

DO NOT WRITE IN THIS SPACE

07022007 No Chg-P CR2E034 (11/05)

4. FEI Number
84-1650582
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KENNETH M. KALEEL, P.A.
555 NO. CONGRESS AVE.
SUITE 301
BOYNTON BEACH, FL 33426

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 | |
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| CITY-ST-ZIP | |

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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:** Theodore A Costanzo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #