

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90092 004 ***150.00

DOCUMENT # P04000123256

1. Entity Name
PATE, CHERNIN & ASSOCIATES, INC.



Principal Place of Business
10130 NORTH LAKE BLVD
214 - 342
WEST PALM BEACH, FL 33412 US

Mailing Address
10130 NORTH LAKE BLVD
214 - 342
WEST PALM BEACH, FL 33412 US

DO NOT WRITE IN THIS SPACE



03262008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1539630

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CHERNIN, DAVID
10130 NORTH LAKE BLVD
214 - 342
WEST PALM BEACH, FL 33412

NEW ADDRESS
2505 Metro Centre Blvd.
suite 203
WEST PALM BEACH, FL 33407

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME CHERNIN, DAVID
STREET ADDRESS 10130 NORTH LAKE BLVD., 214 - 342
CITY-ST-ZIP WEST PALM BEACH, FL 33412

TITLE VP
NAME PATE, GLEN
STREET ADDRESS 10130 NORTH LAKE BLVD., 214 - 342
CITY-ST-ZIP WEST PALM BEACH, FL 33412

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

4-14-08

Date

561
615 0999

Daytime Phone #