

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000160937

1. Entity Name
STRANO BROTHERS MANAGEMENT CORP.



Principal Place of Business
**75 W PALM DR
FLORIDA CITY, FL 33034**

Mailing Address
**P.O. BOX 343064
FLORIDA CITY, FL 33034**

DO NOT WRITE IN THIS SPACE

01212008 No Chg-P CR2E034 (11/05)

4. FEI Number
43-2071542

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ERNST, PHYLLIS
75 PALM DR
FLORIDA CITY, FL 33030**

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

**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 **STRANO, VITO**
STREET ADDRESS **75 W PALM DR**
CITY-ST-ZIP **FLORIDA CITY, FL 33034**

TITLE **VP**
NAME **EPLING, ROBERT**
STREET ADDRESS **75 W PALM DR**
CITY-ST-ZIP **FLORIDA CITY, FL 33034**

TITLE **ST**
NAME **ERIRET, PHYLLIS**
STREET ADDRESS **P.O. BOX 343064**
CITY-ST-ZIP **FLORIDA CITY, FL 33034**

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01/30/08-80019-021 150.00

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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: *Phyllis Ernst*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/08
Date

305 247 2362
Daytime Phone #