

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90089 025 ***150.00

DOCUMENT # P05000030065 1. Entity Name JERRY TASSONE P.A.			
Principal Place of Business 4828 N SR 7 - # 208 COCONUT CREEK, FL 33073		Mailing Address 4828 N SR 7 - # 208 COCONUT CREEK, FL 33073	
2. Principal Place of Business - No P.O. Box # 6472 Northwest 56th Drive Suite, Apt. #, etc.		3. Mailing Address Clb Mark E. Ingber CPA PA 10100 West Sample Road #326 Suite, Apt. #, etc.	
City & State Coral Springs FL		City & State Coral Springs FL	
Zip 33067		Zip 33065-3975	
Country US		Country US	
4. FEI Number 20-2414620		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TASSONE, JERRY 4828 NORTH STATE ROAD 7, APT 208 COCONUT CREEK, FL 33093		7. Name and Address of New Registered Agent Name Jerry Tassone Street Address (P.O. Box Number is Not Acceptable) 6472 Northwest 56th Drive City Coral Springs FL Zip Code 33067	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		Jerry Tassone <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME TASSONE, JERRY STREET ADDRESS 4828 N SR 7 - # 208 CITY-ST-ZIP COCONUT CREEK, FL 33073	<input type="checkbox"/> Delete	TITLE Jerry Tassone NAME 6472 Northwest 56th Drive STREET ADDRESS Coral Springs FL 33067 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Jerry Tassone <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Jerry Tassone Date 4/27/07 Daytime Phone # 954-510-0109	