2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# P05000047570

Entity Name: STAFFORD & RIZZO-MANTELLI, PA

Current Principal Place of Business:

5411 UNIVERSITY DRIVE
101
CORAL SPRINGS, FL 33067 US

New Principal Place of Business:

530 SAWGRASS CORPORATE PKWY
SUNRISE, FL 33325 US

Current Mailing Address:

5411 UNIVERSITY DRIVE
101
CORAL SPRINGS, FL 33067 US

New Mailing Address:

530 SAWGRASS CORPORATE PKWY
SUNRISE, FL 33325 US

FEI Number: 20-2600501 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STAFFORD, SARAH B ESQ.
5411 UNIVERSITY DRIVE
101
CORAL SPRINGS, FL 33067 US

Name and Address of New Registered Agent:

DANIELLE, RIZZO-MANTELLI ESQ.
530 SAWGRASS CORPORATE PKWY
SUNRISE, FL 33325 US

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.

SIGNATURE: DANIELLE RIZZO-MANTELLI 04/28/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: STAFFORD, SARAH B ESQ.
Address: 5411 UNIVERSITY DRIVE STE 101
City-St-Zip: CORAL SPRINGS, FL 33067 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: STAFFORD, SARAH B ESQ.
Address: 3945 ORANGE TREE LANE
City-St-Zip: WESTON, FL 33332 US

Title: VP ( ) Change (X) Addition
Name: RIZZO-MANTELLI, DANIELLE ESQ.
Address: 1839 HARBORVIEW CIRCLE
City-St-Zip: WESTON, FL 33327 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARAH B. STAFFORD P 04/28/2008
Electronic Signature of Signing Officer or Director Date