


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 15, 2008 8:00 am
Secretary of State

07-15-2008 90063 001 ***155.00

DOCUMENT # P05000053648 1. Entity Name ARLENE TERRINONI, P.A	
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Principal Place of Business 5900 COLLINS AVENUE 402 MIAMI BEACH, FL 33140	Mailing Address 5900 COLLINS AVENUE 402 MIAMI BEACH, FL 33140
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DO NOT WRITE IN THIS SPACE



07112008 No Chg-P CR2E034 (11/05)

4. FEI Number 02-0612254	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ARLENE, TERRINONI
5900 COLLINS AVENUE
402
MIAMI BEACH, FL 33140**

**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 *Arleen Terrinoni* (NOTE: Registered Agent signature required when reinstating) DATE *July 10, 2008*

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TERRINONI, ARLENE 5900 COLLINS AVENUE #402 MIAMI BEACH, FL 33140
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**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: *Arleen Terrinoni* DATE *July 10, 2008*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #