


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 12, 2008 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # P05000087494</b><br>1. Entity Name<br><b>MARK F. ANTONELLI, P.A.</b> |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>5730 NE 20 TERRACE<br/>FORT LAUDERDALE, FL 33308 US</b> | Mailing Address<br><b>5730 NE 20 TERRACE<br/>FORT LAUDERDALE, FL 33308 US</b> |
|---|---|

**DO NOT WRITE IN THIS SPACE**



05092008 No Chg-P CR2E034 (11/05)

|   |  |
|---|--|
| 4. FEI Number<br><b>20-3039880</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

6. Name and Address of Current Registered Agent

**ANTONELLI, MARK F  
5730 NE 20 TERRACE  
FORT LAUDERDALE, FL 33308**

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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)

|  |   |  |
|--|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 12, 2008</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | <b>000000951178</b><br><b>05/04/08 80021 024 150.00</b><br>In accordance with s. 607.193(2)(b), F.S., the<br>corporation did not receive the prior notice. |
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10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>ANTONELLI, MARK F<br/>290 NE 41ST STREET<br/>OAKLAND PARK, FL 33334</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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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:**  **Mark Antonelli**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/11/08** **(954) 868-9006**  
Date Daytime Phone