


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90053 001 ***150.00

DOCUMENT # P05000113404 1. Entity Name 414 CORP					
Principal Place of Business 6351 BELLA CIRCLE #805 BOYNTON BEACH, FL 33436			Mailing Address 6351 BELLA CIRCLE #805 BOYNTON BEACH, FL 33436		
2. Principal Place of Business - No P.O. Box # 6866 Longmont PT		3. Mailing Address 6866 Longmont PT.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Boynnton Beach		City & State Boynnton Beach		4. FEI Number 20-3337643	
Zip FL		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33437		Country 		04022008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent BAKER, MARK S 1280 SW 36TH AVENUE 200 POMPANO BEACH, FL 33069				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
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: <u><i>Mark S Baker</i></u> 4/13/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 NAME STREET ADDRESS CITY - ST - ZIP	P CONTE, ROBERT 6351 BELLA CIRCLE, #805 BOYNTON BEACH, FL 33436		TITLE NAME STREET ADDRESS CITY - ST - ZIP	6866 Longmont PT Boynnton Beach, FL 33437	
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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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: <u><i>Robert Conte</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4-3-08</u> Daytime Phone #: <u>954 260-5986</u>		