

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000116982

FILED  
Feb 23, 2008  
Secretary of State

Entity Name: TRONCONE & ASSOCIATES, INC.

## Current Principal Place of Business:

10031 PINES BLVD  
248  
PEMBROKE PINES, FL 33024

## New Principal Place of Business:

5530 SOUTH LAKESIDE DRIVE  
202  
MARGATE, FL 33063

## Current Mailing Address:

10031 PINES BLVD  
248  
PEMBROKE PINES, FL 33024

## New Mailing Address:

5530 SOUTH LAKESIDE DRIVE  
202  
MARGATE, FL 33063

FEI Number: 20-3348353

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TRONCONE, JORGE A  
10031 PINES BLVD SUITE 248  
PEMBROKE PINES, FL 33024 US

## Name and Address of New Registered Agent:

TRONCONE, JORGE A  
5530 SOUTH LAKESIDE DRIVE  
APT. 202  
MARGATE, FL 33063 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:

02/23/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: TRONCONE, JORGE A  
Address: 5530 S LAKESIDE DRIVE APT 202  
City-St-Zip: MARGATE, FL 33063

Title: VP ( ) Delete  
Name: TRONCONE, GUIOMAR  
Address: 5530 S LAKESIDE DRIVE APT 202  
City-St-Zip: MARGATE, FL 33063

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JORGE A. TRONCONE

P

02/23/2008

Electronic Signature of Signing Officer or Director

Date