

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000142617

Entity Name: DONALD MIGLIORE P.A.

FILED  
Jan 13, 2008  
Secretary of State

## Current Principal Place of Business:

2411 NW 31 CT.  
OAKLAND PARK, FL 33309

## New Principal Place of Business:

385 VILLA SORRENTO CIRCLE  
HAINES CITY, FL 33844

## Current Mailing Address:

2411 NW 31 CT.  
OAKLAND PARK, FL 33309

## New Mailing Address:

385 VILLA SORRENTO CIRCLE  
HAINES CITY, FL 33844

FEI Number: 02-0757874

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROBERT E. MCGRATH, CPA, MBA  
2400 E. COMMERCIAL BLVD  
SUITE 517  
FT LAUDERDALE, FL 33308 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DIR ( ) Delete  
Name: MIGLIORE, DONALD  
Address: 114 LAKE EMERALD DRIVE #202  
City-St-Zip: OAKLAND PARK, FL 33309

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change ( ) Addition  
Name: MIGLIORE, DONALD  
Address: 385 VILLA SORRENTO CIRCLE  
City-St-Zip: HAINES CITY, FL 33844

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: DONALD MIGLIORE

DIR

01/13/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date