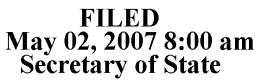
2007 FOR PROFIT CORPORATION ANNUAL REPORT



DOCUMENT # P06000056467 1. Entity Name ANTHONY ALIBERTI, PA						05-02-2007 9	0060 020	***150.0	00	
Principal Place of Business 2209 TUSCANY WAY BOYNTON BEACH, FL 33435 US		Mailing Address 2209 TUSCANY WAY BOYNTON BEACH, FL	33435 US					 		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04252007	Chg-P		34 (12/06)		
City & State		City & State			4. FEI Numbe	-4720	729	Not	plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired		\$8.75 Addi Fee Required	itional 1	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
COHEN & PAPERA LLC 955 N.W. 17TH AVENUE			Name Street Add	Street Address (P.O. Box Number is Not Acceptable)						
BLDG D DELRAY BEACH, FL 33445										
	.		City	City FL Zip Code				•		
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, speed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.			•		00 May Be ed to Fees					
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11	
TITLE	P Dolote TITE							Change	Addition	
NAME	ALIBERTI, ANTHONY		NAME							
STREET ADDRESS CITY-ST-ZIP	BOYNTON BEACH, FL 33435		STREET ADDRESS CITY-ST-ZIP							
TITLE		☐ Delete	TITLE					Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE		☐ Delete	THILE			,		Change	Addition	
NAME			NAME							
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CiTY-ST-ZIP			CITY-ST-ZIP				<u>-</u>	Change	Addition	
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TITLE		☐ Delete	TITLE					Change	Addition	
NAME		_ 50,00	NAME					-		
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
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 execute and that my signal statutes had been legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered before this report as equired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an attachment with an address, with an other like empowered.										