

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90018 043 ***150.00

DOCUMENT # P06000056467			
1. Entity Name ANTHONY ALIBERTI, PA			
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 # 71 LANDAU ST.		3. Mailing Address 71 LANDAU ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Boynton Beach FL		City & State Boynton Beach FL	
Zip 33426	Country USA	Zip 33426	Country USA
4. FEI Number 20-4720729		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent COHEN & PAPER LLC 955 N.W. 17TH AVENUE BLDG D DELRAY BEACH FL 33445		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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, typed 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, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 ALIBERTI, ANTHONY 2209 TUSCANY WAY BOYNTON BEACH FL 33435 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALIBERTI, ANTHONY 71 LANDAU ST BOYNTON BEACH, FL 33426 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 or other like empowered.

SIGNATURE:

Anthony Aliberti
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/08
Date

561-909-7358
Daytime Phone #