## **2008 FOR PROFIT CORPORATION** ANNUAL REPORT

## Apr 07, 2008 08:00 A Secretary of State DOCUMENT # P06000077439 STEPHANIE SALPIETRO P.A. Principal Place of Business Mailing Address 5363 SW 38TH AVE 5363 SW 38TH AVE FORT LAUDERDALE, FL 33312 FORT LAUDERDALE, FL 33312 No Chg-P CR2E034 (11/05) 03262008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-5040274 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent SALPIETRO, STEPHANIE D DO NOT WRITE 5363 SW 38TH AVE FORT LAUDERDALE, FL 33312 IN THIS SPACE 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE SALPIETRO, STEPHANIE D NAME 5363 SW 38TH AVE STREET ADDRESS U00000884285 04/17/08-80037-022 150.00 CITY-ST-ZIP FORT LAUDERDALE, FL 33312 TITLE NAME STREET ADDRESS City-S1-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 of the corporation or the changed, or on an attach

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS

FILED