

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000108572

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** FLORENTINO & ASSOCIATES, INC.

**Current Principal Place of Business:**

5300 W 21 CT  
SUITE 210  
HIALEAH, FL 33016

**New Principal Place of Business:**

7304 SW 9TH CT  
PLANTATION, FL 33317

**Current Mailing Address:**

5300 W 21 CT  
SUITE 210  
HIALEAH, FL 33016

**New Mailing Address:**

7304 SW 9TH CT  
PLANTATION, FL 33317

**FEI Number:** 33-1143029

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CABO, OSMAY  
5300 W 21ST CT  
SUITE 210  
HIALEAH, FL 33016 US

**Name and Address of New Registered Agent:**

CABO, OSMAY  
7304 SW 9TH CT  
PLANTATION, FL 33317 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:** OSMAY CABO

04/30/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD ( ) Delete  
**Name:** CABO, OSMAY  
**Address:** 5300 W 21ST CT  
**City-St-Zip:** HIALEAH, FL 33016

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** PD (X) Change ( ) Addition  
**Name:** CABO, OSMAY  
**Address:** 7304 SW 9TH CT  
**City-St-Zip:** PLANTATION, FL 33317

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:** OSMAY CABO

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date