

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90012 045 ***158.75

DOCUMENT # P07000006272

1. Entity Name
CHRISTIAN ADAM FL, INC.



Principal Place of Business
**367 SOUTH FEDERAL HWY
A 410
DEERFIELD BEACH, FL 33441 US**

Mailing Address
**265 SOUTH FEDERAL HWY
SUITE 135
DEERFIELD BEACH, FL 33441 US**

2. Principal Place of Business - No P.O. Box #
8221 WEST GLADES RD

3. Mailing Address
8221 WEST GLADES RD

Suite, Apt. #, etc.

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

Zip
33434

Country
USA

Zip
33434

Country
USA

02132008 Chg-P CR2E034 (12/06)

4. FEI Number
20-8242836

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BENNADELLO, FRANK
367 SOUTH FEDERAL HWY
A 410
DEERFIELD BEACH, FL 33441**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
BENNADELLO, FRANK
367 SOUTH FEDERAL HWY A 410
DEERFIELD BEACH, FL 33441**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**TD
BENNADELL, CHRISTINE
367 SOUTH FEDERAL HWY A 410
DEERFIELD BEACH, FL 33441**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Frank Bennardello

2/13/08