

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2008 8:00 am
Secretary of State

04-21-2008 90107 023 ***150.00

DOCUMENT # P07000006748 1. Entity Name ANGELLA GRANTE INC.					
Principal Place of Business 3671 SW KROMREY ST PT ST LUCIE, FL 34953			Mailing Address 3671 SW KROMREY ST PT ST LUCIE, FL 34953		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-8272420	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRANTE, ANGELLA 3671 SW KROMREY ST PT ST LUCIE, FL 34953				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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				DATE: _____ (NOTE: Registered Agent signature required when reinstating)	
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GRANTE, ANGELLA 3671 SW KROMREY ST PT ST LUCIE, FL 34953	☐ Delete			
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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: <u>Angella Grante</u> 4/15/2008 772-834-1515 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					