



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90028 045 ***150.00

DOCUMENT # P07000097193 1. Entity Name ROBERT A. VINIAR CPA P.A.					
Principal Place of Business 226 FLORAL AVE PLAINVIEW, NY 11803				Mailing Address 226 FLORAL AVE PLAINVIEW, NY 11803	
2. Principal Place of Business - No P.O. Box # 222 South US Highway One Suite, Apt. #, etc. SUITE 7		3. Mailing Address 222 South US Highway One Suite, Apt. #, etc. SUITE 7			
City & State TEQUESTA, FL		City & State TEQUESTA, FL		4. FEL Number 26-1271719	
Zip 33469		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. 515 E PARK AVE TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name ROBERT A. VINIAR Street Address (P.O. Box Number is Not Acceptable) 222 South US Highway One - STE 7 City TEQUESTA FL Zip Code 33469	
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 <u>Robert Viniar</u> PRESIDENT 1/11/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VINIAR, ROBERT 226 FLORAL AVE PLAINVIEW, NY 11803		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Viniar Robert 242 Village Blvd Unit 2206 Tequesta FL 33469	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Robert Viniar</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/11/08 (561) 746-8550 <small>Date Daytime Phone #</small>		