

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000127048

FILED
Apr 16, 2009
Secretary of State

Entity Name: COSTANTINO AND D'AGOSTINO P.A.

Current Principal Place of Business:

2000 BANKS ROAD
MARGATE, FL 33063 US

New Principal Place of Business:

2000 BANKS ROAD
209
MARGATE, FL 33063 US

Current Mailing Address:

2000 BANKS ROAD
MARGATE, FL 33063 US

New Mailing Address:

2000 BANKS ROAD
209
MARGATE, FL 33063 US

FEI Number: 26-1479314

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE LAW OFFICES OF NICK SPRADLIN, PLLC
12000 N. DALE MABRY HIGHWAY
#110
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

COSTANTINO, MICHAEL J
2000 BANKS ROAD
SUITE: 209
MARGATE, FL 33063 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: MICHAEL J. COSTANTINO

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DIR. () Delete
Name: COSTANTINO, MICHAEL J
Address: 2000 BANKS ROAD
City-St-Zip: MARGATE, FL 33063 US

Title: DIR. () Delete
Name: D'AGOSTINO, GABRIELLE
Address: 2000 BANKS ROAD
City-St-Zip: MARGATE, FL 33063 US

Title: PRES () Delete
Name: COSTANTINO, MICHAEL J
Address: 2000 BANKS ROAD
City-St-Zip: MARGATE, FL 33063 US

Title: VP () Delete
Name: D'AGOSTINO, GABRIELLE
Address: 2000 BANKS ROAD
City-St-Zip: MARGATE, FL 33063 US

Title: SEC () Delete
Name: D'AGOSTINO, GABRIELLE
Address: 2000 BANKS ROAD
City-St-Zip: MARGATE, FL 33063 US

Title: TREAS () Delete
Name: COSTANTINO, MICHAEL J
Address: 2000 BANKS ROAD
City-St-Zip: MARGATE, FL 33063 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL J. COSTANTINO

DIR

04/16/2009

Electronic Signature of Signing Officer or Director

Date