

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90226 016 ***150.00

DOCUMENT # P93000058415

1. Entity Name
FRANK CERVONI ASSOCIATES, P.A.



Principal Place of Business
**7802 S.W. 54 COURT
MIAMI, FL 33143 US**

Mailing Address
**7802 S.W. 54 COURT
MIAMI, FL 33143 US**

34000000

2. Principal Place of Business

1451 W. Cypress Creek Rd.

Suite, Apt. #, etc.
#300

3. Mailing Address

1451 W. Cypress Creek Rd.

Suite, Apt. #, etc.
#300

04202004

Chg-P

CR2E034 (10/03)

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip
33309

Country
USA

Zip
33309

Country
USA

4. FEI Number

65-0483810

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CERVONI, FRANK JR.
7802 S.W. 54 COURT
MIAMI, FL 33143**

7. Name and Address of New Registered Agent

Name
Frank Cervoni

Street Address (P.O. Box Number is Not Acceptable)

1451 W. Cypress Creek Rd.

#300

City
FORT LAUDERDALE, FL

Zip Code
33309

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

Frank Cervoni

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/20/04

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
P
NAME
CERVONI, FRANK JR.
STREET ADDRESS
7802 S.W. 54 COURT
CITY-ST-ZIP
MIAMI, FL 33143

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
P
NAME
Frank Cervoni
STREET ADDRESS
1451 W. Cypress Creek Rd. #300
CITY-ST-ZIP
FORT LAUDERDALE, FL 33309

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Cervoni **Frank Cervoni**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/04 954/489 2735