

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2006 8:00 am
Secretary of State

04-20-2006 90214 043 ***150.00

DOCUMENT # P93000058415

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



Principal Place of Business
~~1451 W CYPRESS CREEK RD. #300~~
~~FORT LAUDERDALE, FL 33309~~ US

Mailing Address
~~1451 W CYPRESS CREEK RD. #300~~
~~FORT LAUDERDALE, FL 33309~~ US

00010000



2. Principal Place of Business

5079 N Dixie Hwy
Suite, Apt. #, etc. **#320**

3. Mailing Address

5079 N Dixie Hwy
Suite, Apt. #, etc. **#320**

04162006 Chg-P CR2E034 (11/05)

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

4. FEI Number
65-0483810

Applied For
Not Applicable

Zip
33334

Country
US

Zip
33334

Country
US

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

6. Name and Address of Current Registered Agent

CERVONI, FRANK JR.
~~1451 W CYPRESS CREEK RD. #300~~
~~FORT LAUDERDALE, FL 33309~~
5079 N Dixie Hwy #320
FT LAUDERDALE, FL 33334

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

Frank Cervoni

4-16-06

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 **CERVONI, FRANK JR.** ☐ Delete
STREET ADDRESS ~~1451 W CYPRESS CREEK RD. #300~~
CITY - ST - ZIP ~~FORT LAUDERDALE, FL 33309~~

TITLE
NAME **CERVONI, Frank Jr.** ☐ Delete
STREET ADDRESS **5079 N Dixie Hwy #320**
CITY - ST - ZIP **FT. LAUD., FL 33334**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

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 lists empowered.

SIGNATURE:

Frank Cervoni

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-06 954 257 8434

Date

Daytime Phone