

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 15, 2007 8:00 am**  
**Secretary of State**

**DOCUMENT # P93000058415**

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



Principal Place of Business  
**5079 N DIXIE HWY STE 320  
FORT LAUDERDALE, FL 33334 US**

Mailing Address  
**5079 N DIXIE HWY STE 320  
FORT LAUDERDALE, FL 33334 US**



05102007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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.  
5079 N DIXIE HWY STE 320  
FORT LAUDERDALE, FL 33334**

**DO NOT WRITE  
IN THIS SPACE**

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, Jr. Frank Cervoni, Jr. May 11, 2007  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DAY

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

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 1451 W CYPRESS CREEK RD. #300  
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE P  
NAME CERVONI, FRANK JR  
STREET ADDRESS 5079 N DIXIE HWY STE 320  
CITY-ST-ZIP FORT LAUDERDALE, FL 33334

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 Frank Cervoni, Jr. Frank Cervoni, Jr. May 11, 2007 954 257 8434  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #