2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000058415

1. Entity Name

FRANK CERVONI ASSOCIATES, P.A.



FILED Mar 19, 2008 08:00 A Secretary of State

Principal Place of Business

5079 N DIXIE HWY STE 320 FORT LAUDERDALE, FL 33334

DO NOT WRITE IN THIS SPACE

5079 N DIXIE HWY STE 320 FORT LAUDERDALE, FL 33334

Mailing Address

03162008

No Chg-P

CR2E034 (11/05)

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

	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered egent and title if	applicable. (NOTE Registere	d Agent signature	required when reinstating)	DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ecing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CERVONI, FRANK JR. 1451 W CYPRESS CREEK RD. #300 FORT LAUDERDALE, FL 33309				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CERVONI, FRANK JR 5079 N DIXIE HWY STE 320 FORT LAUDERDALE, FL 33334				U00000863493 04/03/08-80094-014 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NAME 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 like empowered.

SIGNATIIRE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 Vr 3-17-08 95425789