


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90091 032 ***150.00

DOCUMENT # P93000067319	
1. Entity Name CARUSO & ASSOCIATES, INC.	

Principal Place of Business 990 STINSON WAY STE, 201 WEST PALM BEACH, FL 33411 US	Mailing Address 990 STINSON WAY STE, 201 WEST PALM BEACH, FL 33411 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

40054943



04022007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0438968	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DESANTIS, GASKILL, SMITH & SHENKMAN, PA 11891 US HIGHWAY ONE, STE 100 NORTH PALM BEACH, FL 33408	
7. Name and Address of New Registered Agent Name <u>Robert C. Hackney, Esq.</u> Street Address (P.O. Box Number is Not Acceptable) <u>Meyle Flanigan et al</u> <u>625 N. Flagler Dr. - 9th Floor</u> City <u>West Palm Bch</u> FL Zip Code <u>33401</u>	

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 <u>[Signature]</u> Signature typed or printed name of registered agent and date if applicable.	Robert C. Hackney 4/5/07 (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARUSO, DENNIS J 990 STINSON WAY STE 201 WEST PALM BEACH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Robert C. Hackney 4/5/07 561/776-8600 Date Daytime Phone #