


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000036768 1. Entity Name ANN SCLAFANI INC.	
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Principal Place of Business 2859 SW 11 PLACE DEERFIELD BEACH, FL 33442 US	Mailing Address P. O. BOX 5104 DEERFIELD BEACH, FL 33442-5104 US
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DO NOT WRITE IN THIS SPACE



03182008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0507394	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

**TILLEY, MICHAEL R
2000 GLADES RD 208
BOCA RATON, FL 33431**

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000933103 05/22/08 00002 021 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS SCLAFANI, ANN 2859 SW 11 PLACE DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCLAFANI, STEPHEN 2859 WATERFORD DR N DEERFIELD BEACH, FL 33442
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Ann Sclafani* **ANN SCLAFANI, PRES. 4/26/08 954-421-8955**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #