

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90064 030 \*\*\*150.00

**DOCUMENT # P94000042786**

1. Entity Name

PENALTA & ASSOCIATES, P.A.



Principal Place of Business

225 N.E. MIZNER BLVD.  
SUITE 300  
BOCA RATON FL 33432  
US

Mailing Address

P.P BOX 1203  
BOCA RATON FL 33429  
US



2. Principal Place of Business - No P.O. Box #

595 SOUTH FEDERAL HWY.

3. Mailing Address

Suite, Apt. #, etc.

SUITE 600

Suite, Apt. #, etc.

City & State

BOCA RATON, FL.

City & State

Zip

33432

Country

Zip

Country

4. FEI Number

65-0495972

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

PENALTA, ALEXANDER  
225 NE MIZNER BLVD.  
SUITE 300  
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name PENALTA, ALEXANDER

Street Address (P.O. Box Number is Not Acceptable)

595 SOUTH FEDERAL HWY. SUITE 600

City BOCA RATON

FL

Zip Code 33432

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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PSTD ☐ Delete  
PENALTA, ALEXANDER  
225 NE MIZNER BLVD. SUITE 300  
BOCA RATON FL 33432

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

CAMILDA A. PENALTA - ADMINISTRATOR  
2/5/08 561-362-7833

-SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone