

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000072076

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: CASSELLS & ASSOCIATES, CPA, P.A.

**Current Principal Place of Business:**

1911 NW 150TH AVE  
203  
PEMBROKE PINES, FL 33082 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 820297  
PEMBROKE PINES, FL 33082 US

**New Mailing Address:**

FEI Number: 65-0524519

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CASSELLS, ANNETTE  
1911 NW 150TH AVE  
203  
PEMBROKE PINES, FL 33028 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CASSELLS, ANNETTE  
Address: P.O. BOX 820297  
City-St-Zip: PEMBROKE, FL 33082

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNETTE CASSELLS

PD

04/29/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date