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Secretary of State
05-09-2008 90007 002 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000017133

1. Entity Name
BUSINESS ADVICE, INC.

Principal Place of Business	Mailing Address
7397 SARIMENTO PLACE DELRAY BEACH, FL 33446-4419	7397 SARIMENTO PLACE DELRAY BEACH, FL 33446-4419

DO NOT WRITE IN THIS SPACE

0425200B No Chg-P CR2E034 (11/05)

4. FEI Number
65-0658232
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GLASER, JUDITH S
7397 SARIMENTO PLACE
DELRAY BEACH, FL 33446-4419

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GLASER, JUDITH S
STREET ADDRESS	7397 SARIMENTO PLACE
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	D
NAME	GLASER, RISA
STREET ADDRESS	88 CUTTERMILL RD
CITY-ST-ZIP	GREAT NECK, NY 11021
TITLE	D
NAME	RUTSTEIN, JODI
STREET ADDRESS	6537 LANDINGS CRT
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	D
NAME	GLASER, ADAM
STREET ADDRESS	~~24 GLENROSE~~ 33 Avalon Gardens Dr
CITY-ST-ZIP	~~NORWALK, CT 06850~~ Nanuet, N.Y. 10954
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Judith S Glaser 4/26/08 561-495-4034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #