

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000000856

1. Entity Name

JOANNA BRANDI & COMPANY, INC.



Principal Place of Business

30 PELICAN PTE DR
201
DELRAY BEACH, FL 33483

Mailing Address

7491 N. FEDERAL HIGHWAY,
C-5 #304
BOCA RATON, FL 33487



03192008 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0632902

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BRANDI, JOANNA MS
7491 N. FEDERAL HIGHWAY, C-5 # 304
BOCA RATON, FL 33487

**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. ☐

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

000000870095
04/09/08-80076-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	MS
NAME	BRANDI, JOANNA
STREET ADDRESS	30 PELICAN POINTE DR., #201
CITY-ST-ZIP	DELRAY BEACH, FL 33483

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joanna Brandi JOANNA BRANDI 3-21-08 5612790027