

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000006602

FILED  
Apr 14, 2008  
Secretary of State

Entity Name: KATHRYN L. PASCALE, CHMM, INC.

**Current Principal Place of Business:**

1605 SW 17TH AVE.  
FT. LAUDERDALE, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

1605 SW 17TH AVE.  
FT. LAUDERDALE, FL 33312

**New Mailing Address:**

FEI Number: 65-0635692

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PASCALE, KATHRYN L  
1605 SW 17TH AVE.  
FT. LAUDERDALE, FL 33312 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: P ( ) Delete  
Name: PASCALE, KATHRYN L.  
Address: 1605 SW 17TH AVE  
City-St-Zip: FT LAUDERDALE, FL

Title: P ( ) Delete  
Name: PASCALE, KATHRYN L  
Address: 1605 SW 17TH AVE  
City-St-Zip: FT. LAUDERDALE, FL 33312 US

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

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

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: KATHRYN PASCALE

P

04/14/2008

Electronic Signature of Signing Officer or Director

Date