

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90002 044 \*\*\*150.00

DOCUMENT # P96000035363

1. Entity Name

ELLIOT GREENE, P.A.



Principal Place of Business

6542 HYPOLUXO ROAD  
#335  
LAKE WORTH FL 33467

Mailing Address

6542 HYPOLUXO ROAD  
#335  
LAKE WORTH FL 33467



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

5511 University Drive

3. Mailing Address

6586 Hypoluxo Rd.

Suite, Apt. #, etc.

Suite 102

Suite, Apt. #, etc.

# 335

1st MOORE

CR2E034 (10/07)

City & State

Coral Springs, FL

City & State

Lake Worth, FL

4. FEI Number

65-0688616

Applied For

Not Applicable

Zip

33067

Country

USA

Zip

33467

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SELBY, MATTHEW  
5511 UNIVERSITY DRIVE  
SUITE 102  
POMPANO BEACH FL 33067

7. Name and Address of New Registered Agent

Name

Elliot Greene

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

5511 University Drive

Suite, Apt. #, etc.

Suite 102

City

Coral Springs

FL

Zip Code

33067

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 reappointing)

2/6/08

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 P. GREENE, ELLIOT ☐ Delete  
STREET ADDRESS 6542 HYPOLUXO RD., #335  
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P. Elliot Greene ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 5511 University Dr., Suite 102  
CITY-ST-ZIP Coral Springs, FL 33067

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

Elliot Greene

Elliot Greene

2/6/08

954-796-3244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #