

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90017 007 ***150.00

DOCUMENT # P96000036919	
1. Entity Name ROSEMARIE A. GERONAZZO, P.A.	

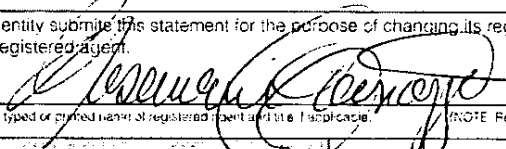
Principal Place of Business 225 NE MIZNER BLVD. SUITE 300 BOCA RATON FL 33432	Mailing Address 21494 ST. ANDREWS GRAND CIRCLE BOCA RATON FL 33486
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2. Principal Place of Business - No P.O. Box # 21494 St Andrews Grand Circle	3. Mailing Address Suite, Apt. #, etc.
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City & State Boca Raton Florida	City & State
Zip 33486	Country USA

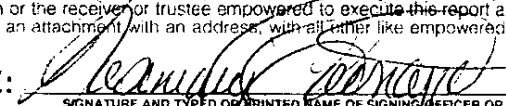
1st MOORE	CR2E034 (10/07)
4. FEI Number 65-0663918	Applied For Not Applicable

6. Name and Address of Current Registered Agent GERONAZZO, ROSEMARIE A 225 NE MIZNER BLVD STE 300 BOCA RATON FL 33432	7. Name and Address of New Registered Agent Name ROSEMARIE A. GERONAZZO Street Address (P.O. Box Number is Not Acceptable) 21494 Saint Andrews Grand Circle City BOCA RATON FL Zip Code 33486
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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 4/28/08

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERONAZZO, ROSEMARIE A 225 NE MIZNER BLVD STE 300 BOCA RATON FL 33432 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSEMARIE A GERONAZZO 21494 Saint Andrews Grand Circle BOCA RATON FLORIDA 33486 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: 	DATE 4/28/08 (561) 620-3212