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	Mailing Address
~~225 NE~~ MIZNER BLVD. SUITE ~~300~~ BOCA RA~~TON FL~~ 33432	21494 ST. ANDREWS GRAND CIRCLE BOCA RATON FL 33486

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #: 21494 St Andrews Grand Circle
Suite, Apt. #, etc.:
City & State: Boca Raton Florida
Zip: 33486 Country: USA

3. Mailing Address:
Suite, Apt. #, etc.:
City & State:
Zip: Country:

4. FEI Number: 65-0663918 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

GERONAZZO, ROSEMARIE A
~~225 NE~~ MIZNER BLVD
STE ~~300~~
BOCA RA~~TON 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

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] 4/28/08
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
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			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
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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: [signature] 4/28/08 (561) 620-3212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #