


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2008 8:00 am**  
**Secretary of State**

01-10-2008 90009 049 \*\*\*150.00

<b>DOCUMENT # P96000076258</b>	
1. Entity Name <b>COLANGELO REALTY, INC.</b>	

Principal Place of Business <b>2033 EAST HILLSBORO BLVD. DEERFIELD BEACH, FL 33441</b>	Mailing Address <b>1941 N DIXIE HWY. #7 POMPANO BEACH, FL 33060</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>2240 No. Federal Hwy</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>Suite D</b>
City & State	City & State <b>Pompano Beach, FL</b>
Zip	Zip <b>33062</b>
Country	Country <b>Broward</b>

40000120



01062008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>COLANGELO, ANTHONY 1941 N DIXIE HWY. #7 POMPANO BEACH, FL 33060</b>		7. Name and Address of New Registered Agent Name <b>Anthony Colangelo</b> Street Address (P.O. Box Number is Not Acceptable) <b>2240 D No. Federal Hwy</b> City <b>Pompano Beach</b> FL Zip Code <b>33062</b>	
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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 *Anthony Colangelo* DATE 1/7/08

Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PD COLANGELO, ANTHONY <del>1941 N DIXIE HWY. #7</del> <b>2240 D No. Federal Hwy</b> <del>POMPANO BEACH, FL 33060</del> <b>33062</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: *Anthony Colangelo* DATE 1/7/08 (954) 298-8979

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR