


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P96000089820</b> 1. Entity Name <b>FPB ASSOCIATES, INC.</b>	
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Principal Place of Business <b>4719 HAYES ST HOLLYWOOD FL 33021</b>	Mailing Address <b>4719 HAYES ST HOLLYWOOD FL 33021</b>
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2. Principal Place of Business - No P.O. Box # <b>SAME</b>	3. Mailing Address <b>SAME</b>
Suite, Apt. #, etc. <b>11</b>	Suite, Apt. #, etc.

1st MOORE      CR2E034 (10/07)

City & State <b>Hollywood FL</b>	City & State <b>SAME</b>
Zip <b>33021</b>	Zip <b>33021</b>
Country	Country <b>BROWARD</b>

4. FEI Number <b>65-0705386</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>  <b>BOSCO, FRANK P 4719 HAYES ST HOLLYWOOD FL 33021</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_

Signature, typed or printed name of registered agent and state the position.      Name of Registered Agent and state the position.      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 **\$5.00** May Be  
 Trust Fund Contribution  Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: PD <input type="checkbox"/> Delete NAME: BOSCO, FRANK STREET ADDRESS: 4719 HAYES ST CITY-ST-ZIP: HOLLYWOOD FL	TITLE: VP <input type="checkbox"/> Delete NAME: BOSCO, MARY STREET ADDRESS: 4719 HAYES ST CITY-ST-ZIP: HOLLYWOOD FL
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
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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:** *Frank P. Bosco* (FRANK P. BOSCO)      2-28/08 9242430251

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Signing Place #