

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90016 001 ***150.00

DOCUMENT # P97000009963		
1. Entity Name FRED DEFALCO, P.A.		

Principal Place of Business 3299 NW BOCA RATON BLVD 2ND FLOOR BOCA RATON, FL 33431 US	Mailing Address 3299 NW BOCA RATON BLVD 2ND FLOOR BOCA RATON, FL 33431 US
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2. Principal Place of Business - No P.O. Box # 1601 NW 13th St. Suite, Apt. #, etc.	3. Mailing Address 1601 NW 13th St. Suite, Apt. #, etc.
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City & State Boca Raton, FL	City & State Boca Raton, FL
Zip 33486	Zip 33486
Country USA	Country USA

40000000



03212008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent J & M ACCOUNTING & TAX SERVICE, INC. 2080 NW BOCA RATON BLVD SUITE 6 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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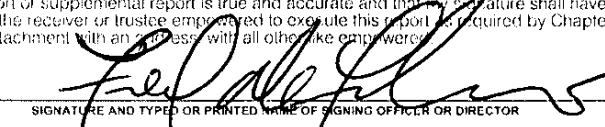
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
(Signature typed or printed name of registered agent and file if applicable) (NOTE: Registered Agent Signature required when re-stating) (DATE)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	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	P DEFALCO, FRED 3299 NW BOCA RATON BLVD 2ND FLOOR BOCA RATON, FL 33431 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1601 NW 13th St. Boca Raton, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEFALCO, DOROTHY 3299 NW BOCA RATON BLVD 2ND FLOOR BOCA RATON, FL 33431 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1601 NW 13th St. Boca Raton, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEFALCO, FRED JR 5296 GRANDE PALM CIRCLE DELRAY BEACH, FL 33484 ☐ 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 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 it 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 employees.

SIGNATURE:  **3/21/08 561-391-4141**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone