2007 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** May 02, 2007 8:00 am Secretary of State **DOCUMENT # P97000036847** CHARLES A. MANCUSO, P.A. 05-02-2007 90108 030 ***150.00 Principal Place of Business Mailing Address 2404 NORTHEAST 9TH STREET 11350 56TH PL N FORT LAUDERDALE, FL 33304 ROYAL PALM BEACH, FL 33411 04182007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0748310 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MANCUSO, CHARLES A DO"NOT WRITE 1.0.7 2404 NORTHEAST 9TH STREET FORT LAUDERDALE, FL 33304 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. **PSTD** THLE NAME MANCUSO, CHARLES A STREET ADDRESS 2404 NORTHEAST 9TH STREET CITY-ST-ZIP FORT LAUDERDALE, FL 33304 TITLE MAME **STREET ADDRESS** CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

Daytime Phone #

Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: