


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

**Jan 31, 2007 08:00 AM  
Secretary of State**

DOCUMENT # P97000037914 1. Entity Name EVELYN SALERNO, P.A.	
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Principal Place of Business 3228 BEECHBERRY CIRCLE DAVIE, FL 33328	Mailing Address 3228 BEECHBERRY CIRCLE DAVIE, FL 33328
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**DO NOT WRITE IN THIS SPACE**



01282007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0753601	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SALERNO, EVELYN  
3228 BEECHBERRY CIRCLE  
DAVIE, FL 33328

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSTD SALERNO, EVELYN 3228 BEECHBERRY CIRCLE DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD SALERNO, VINCENT JR 9338 NW 53 COURT SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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02/05/07-80033-015 150.00

**DO NOT WRITE IN THIS SPACE**

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 an address, with all other like empowered.

SIGNATURE: Evelyn Salerno 1/31/07 954-915-0851  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Evelyn Salerno