2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000037914

1. Entity Name
EVELYN SALERNO, P.A.

Principal Place of Business	Mailing Address
3228 BEECHBERRY CIRCLE DAVIE, FL 33328	3228 BEECHBERRY CIRCLE DAVIE, FL 33328

DO NOT WRITE IN THIS SPACE

01042008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0753601	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** 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
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   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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01/10/08-80004-001  150.00
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10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	SALERNO, EVELYN
STREET ADDRESS	3228 BEECHBERRY CIRCLE
CITY-ST-ZIP	DAVIE, FL 33328

TITLE	VD
NAME	SALERNO, VINCENT JR
STREET ADDRESS	9338 NW 53 COURT
CITY-ST-ZIP	SUNRISE, FL 33351

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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_ (Evelyn Salerno)   1/6/08   954-915-0851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #