


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90045 001 ***158.75

DOCUMENT # P98000018028	
1. Entity Name MICHAEL TESTONI & COMPANY FINANCIAL ADVISORS	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4869 PALM COAST PARKWAY		3. Mailing Address 4869 PALM COAST PARKWAY	
Suite, Apt. #, etc. SUITE 3		Suite, Apt. #, etc. SUITE 3	
City & State PALM COAST, FL		City & State PALM COAST, FL	
Zip USA	Country 32137	Zip USA	Country 32137

40103150

DO NOT WRITE IN THIS SPACE

4. FEI Number 593504452		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name MICHAEL J TESTONI	
	Street Address (P.O. Box Number is Not Acceptable) ONE DONDANVILLE RD CQ116	
	City ST AUGUSTINE	FL Zip Code 32080-7475

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 _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P, MICHAEL J TESTONI ONE DONDANVILLE RD CQ 116 ST AUGUSTINE FL 32080-7475	TITLE 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 exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael J Testoni* 4/29/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)