


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000048472**  
 1. Entity Name  
**CARDI CONSULTING ASSOCIATES INCORPORATED**



Principal Place of Business      Mailing Address  
**1230 WILSHIRE CIRCLE WEST**      **1230 WILSHIRE CIRCLE WEST**  
**PEMBROKE PINES, FL 33027**      **PEMBROKE PINES, FL 33027**

**DO NOT WRITE IN THIS SPACE**



04222007    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**65-0840503**      Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CARDILICCHIA, TINA**  
**1230 WILSHIRE CIRCLE WEST**  
**PEMBROKE PINES, FL 33027**

**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 reappointing)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>
NAME	<b>CARDILICCHIA, TINA</b>
STREET ADDRESS	<b>1230 WILSHIAS CIRCLE WEST</b>
CITY-ST-ZIP	<b>PEMBROKE PINE, FL 33027</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 05/09/07-80040-014 150.00

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:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/07    954-447-3135  
 Date      Daytime Phone #