


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # P98000077079 1. Entity Name JAMES DIGEORGIA & ASSOCIATES, INC.	
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Principal Place of Business 925 SOUTH FEDERAL HIGHWAY SUITE 500 BOCA RATON, FL 33432 US	Mailing Address 925 SOUTH FEDERAL HIGHWAY SUITE 500 BOCA RATON, FL 33432 US
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DO NOT WRITE IN THIS SPACE



03312008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0880102	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DIGEORGIA, JAMES
925 SOUTH FEDERAL HIGHWAY
SUITE 500
BOCA RATON, FL 33432

**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 <input type="checkbox"/> \$5.00 May Be Added to Fees	000000885123 04/18/08-80001-015 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES DIGEORGIA, JAMES 708 COQUINA WAY BOCA RATON, FL 33432
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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:  **James DiGeorgia** **4/4/08** **561-750-8483**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #