

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P99000033011**

1. Entity Name  
**CILLDARA, INC.**



Principal Place of Business  
**535 N. ANDREWS AVE.  
FORT LAUDERDALE, FL 33301**

Mailing Address  
**535 N. ANDREWS AVE.  
FORT LAUDERDALE, FL 33301**



03032008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |  |
|---|--|
| 4. FEI Number<br><b>65-0909930</b>                        | Applied For<br><input type="checkbox"/> 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**

**RATHBURN, PATRICIA A ESQ.  
217 N.E. 2ND STREET  
FORT LAUDERDALE, FL 33301**

**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 \_\_\_\_\_

**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

**10. OFFICERS AND DIRECTORS**

|                 |                           |
|-----------------|---------------------------|
| TITLE           | DP                        |
| NAME            | GREGORY, JAMES            |
| STREET ADDRESS  | 535 N. ANDREWS AVE.       |
| CITY - ST - ZIP | FORT LAUDERDALE, FL 33301 |

|                 |                           |
|-----------------|---------------------------|
| TITLE           | DS                        |
| NAME            | GREGORY, JAMES M          |
| STREET ADDRESS  | 535 N. ANDREWS AVE.       |
| CITY - ST - ZIP | FORT LAUDERDALE, FL 33301 |

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

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

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03/21/08-80014-021 150.00

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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 of 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 Gregory  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JAMES GREGORY, PRESIDENT**

**3-3-08**  
Date Daytime Phone #