


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90177 021 \*\*\*150.00

<b>DOCUMENT # P99000040239</b> 1. Entity Name ARTHUR PALERMO JR., CPA, P.A.	
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Principal Place of Business 9720 STIRLING RD SUITE 203 <del>HOLLYWOOD</del> , FL 33024 Cooper City	Mailing Address 9720 STIRLING RD SUITE 203 <del>HOLLYWOOD</del> , FL 33024 Cooper City
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

PALERMO, ARTHUR  
9720 STIRLING ROAD STE 203  
~~HOLLYWOOD~~, FL 33024  
Cooper City

**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.

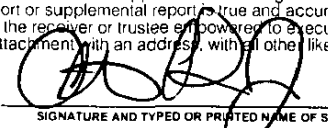
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	D PALERMO, ARTHUR JR 9720 STIRLING ROAD #203 <del>HOLLYWOOD</del> , FL 33024
TITLE NAME STREET ADDRESS CITY ST ZIP	Cooper City
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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:**  **Arthur Palermo Jr.** 4/7/07 (954) 252-9622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #