

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000041614

1. Entity Name
LEGGIADRO OF PALM BEACH INC.



Principal Place of Business

**317-A WORTH AVE.
PALM BEACH, FL 33480**

Mailing Address

**8 WEST 40TH STREET
14TH FLOOR
NEW YORK, NY 10018**

U00000954403
07/11/08-80013-006 150.00



07072008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0921443

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ROSS, BROOKS
225 DYER RD
WEST PALM BEACH, FL 33405**

**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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROSS, ANN
STREET ADDRESS	8 WEST 40TH STREET, 14TH FLOOR
CITY-STATE-ZIP	NEW YORK, NY 10018
TITLE	ST
NAME	ROSS, BROOKS
STREET ADDRESS	8 WEST 40TH STREET, 14TH FLOOR
CITY-STATE-ZIP	NEW YORK, NY 10018
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
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

Brooks Ross, Sec/Treas

07/07/08

212-997-8766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #