


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000070082
 1. Entity Name
 BURKE-GIALLELLA & ASSOCIATES, INC.



Principal Place of Business Mailing Address
 7330 N.W. 44TH LANE 7330 N.W. 44TH LANE
 COCONUT CREEK, FL 33073 COCONUT CREEK, FL 33073

DO NOT WRITE IN THIS SPACE



04082008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0944362	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

WICH, THOMAS M
 2400 E. COMMERCIAL BLVD. #620
 FT. LAUDERDALE, FL 33308

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

000000910942
 05/07/08-60022-005 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BURKE-GIALLELLA, JOSEPH 7330 N.W. 44TH LANE COCONUT CREEK, FL 33073
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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 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: *Joseph Burke Giallella* President 4/8/08 954-570-9824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #