

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000074069

1. Entity Name
OFFICE ELEMENTS, INC.



Principal Place of Business
**6501 PARK OF COMMERCE BLVD
SUITE #111
BOCA RATON, FL 33487**

Mailing Address
**6501 PARK OF COMMERCE BLVD
SUITE #111
BOCA RATON, FL 33487**



02252004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0940785

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STEPHEN LACERRA, DOUGLAS
2140 N.E. 30TH ST.
LIGHTHOUSE, FL 33064**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**000000074612
03/03/04-80027-001 150.00**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **STEPHEN LACERRA, DOUGLAS**
STREET ADDRESS **2140 N.E. 30TH ST.**
CITY-ST-ZIP **LIGHTHOUSE, FL 33064**

TITLE **ST**
NAME **LACERRA, CHRISTINA M**
STREET ADDRESS **2140 N.E. 30TH ST.**
CITY-ST-ZIP **LIGHTHOUSE, FL 33064**

TITLE **VP**
NAME **WOONTON, MARC**
STREET ADDRESS **301 CONGRESSIONAL WAY**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

Douglas Lacerra

2-27-04

561-999-8907

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #