2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000074069

1. Entity Name
OFFICE ELEMENTS, INC.

Principal Place of Business	Mailing Address
2824 CENTER PORT CIRCLE POMPANO BEACH, FL 33064	2824 CENTER PORT CIRCLE POMPANO BEACH, FL 33064

DO NOT WRITE IN THIS SPACE

03142006 No Chg-P CR2E034 (11/05)

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

LACERRA, CHRISTINA
2140 N.E. 30TH ST.
LIGHTHOUSE POINT, FL 33064

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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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LACERRA, CHRISTINA
STREET ADDRESS	2140 N.E. 30TH ST.
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064
TITLE	VP
NAME	LACERRA, DOUGLAS S
STREET ADDRESS	2140 N.E. 30TH ST.
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064
TITLE	ST
NAME	MASCIARELLI, GINA
STREET ADDRESS	5652 SW 88TH TERRACE
CITY-ST-ZIP	COOPER CITY, FL 33328
TITLE	D
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	

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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: Marc Woonton MARC WOONTON 3/15/06 954-782-1855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #