## 2008 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** Jan 24, 2008 08:00 Al Secretary of State **DOCUMENT # S07745** 1. Entity Name GRASSANO ASSOCIATES, INC. Principal Place of Business Mailing Address 17529 MIDDLEBROOK WAY 17529 MIDDLEBROOK WAY BOCA RATON, FL 33496 US BOCA RATON, FL 33496 US 01212008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0229387 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GRASSANO, ALAN R. DO NOT WRITE 17529 MIDDLEBROOK WAY BOCA RATON, FL 33496 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 aignature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE GRASSANO, ALAN R. NAME 17529 MIDDLEBROOK WAY STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33496 U00000794907 01/28/08-80022-018 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I nereby 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 of the receiver or flustee 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

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

1-21-08

561 218 0238