


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # V02897**  
 1. Entity Name  
**JOHN V. MARINELLI, ESQUIRE CHARTERED**



Principal Place of Business 4701 NORTH FEDERAL HIGHWAY SUITE 320 LIGHTHOUSE POINT, FL 33064 US	Mailing Address 4701 NORTH FEDERAL HIGHWAY SUITE 320 LIGHTHOUSE POINT, FL 33064 US
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**DO NOT WRITE IN THIS SPACE**



04232008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0322547	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MARINELLI, JOHN V  
 4701 NORTH FEDERAL HIGHWAY  
 SUITE 320  
 LIGHTHOUSE POINT, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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

U00000943308  
 05/29/08 80054-011 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MARINELLI, JOHN V. 4701 NORTH FEDERAL HIGHWAY SUITE 320 LIGHTHOUSE POINT, FL 33064
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST NANCY J MARINELLI 4701 NORTH FEDERAL HIGHWAY SUITE 320 POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**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:** John V. Marinelli **04-29-08 (954) 942-7707**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #