


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 01, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 342886</b> 1. Entity Name <b>FORT PITT CORP.</b>	
--	---

Principal Place of Business <b>130 SE 3 AVE MIAMI FL 33131</b>	Mailing Address <b>4519 POLK STREET HOLLYWOOD FL 33021</b>
---	---



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number <b>59-1261777</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SINGER, AARON 4519 POLK ST HOLLYWOOD FL 33131</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	

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 replacing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P SINGER, AARON S.	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4519 POLK STREET	NAME	STREET ADDRESS
STREET ADDRESS	HOLLYWOOD FL 33031	STREET ADDRESS	CITY - ST - ZIP
CITY - ST - ZIP	<input type="checkbox"/> Delete	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	ST SINGER, RUTH	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4519 POLK STREET	NAME	STREET ADDRESS
STREET ADDRESS	HOLLYWOOD FL 33031	STREET ADDRESS	CITY - ST - ZIP
CITY - ST - ZIP	<input type="checkbox"/> Delete	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP SINGER, WILLIAM	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1280 NEETING WILLOW WAY	NAME	STREET ADDRESS
STREET ADDRESS	HOLLYWOOD FL 33019	STREET ADDRESS	CITY - ST - ZIP
CITY - ST - ZIP	<input type="checkbox"/> Delete	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	<input type="checkbox"/> Delete	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Aaron Singer **AARON SINGER** 1/30/08 954 987 1769

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