

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000052352

**Entity Name:** LENORE GALASSO PA

**Current Principal Place of Business:**

3589 S OCEAN BLVD  
#711  
PALM BEACH, FL 33480

**Current Mailing Address:**

3589 S OCEAN BLVD  
#711  
PALM BEACH, FL 33480

**FEI Number:** 20-4714076

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GALASSO, LENORE  
3589 S OCEAN BLVD  
#711  
PALM BEACH, FL 33480 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P/D  
Name GALASSO, LENORE  
Address 3589 S OCEAN BLVD #711  
City-State-Zip: PALM BEACH FL 33480

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LENORE GALASSO

**PRESIDENT**

**04/27/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date