

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000042584

**FILED**  
**Apr 29, 2005**  
**Secretary of State**

**Entity Name:** ADRIANA DELORENZO, P.A.

**Current Principal Place of Business:**

16300 NE 19 AVE  
SUITE 114  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

400 KINGS POINT DR  
STE 824  
SUNNY ISLES, FL 33160

**Current Mailing Address:**

16300 NE 19 AVE  
SUITE 114  
NORTH MIAMI BEACH, FL 33162

**New Mailing Address:**

16300 NE 19 AVE  
SUITE C  
NORTH MIAMI BEACH, FL 33162

**FEI Number:** 36-4494421

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SILVA, FERNANDO  
16300 NE 19 AVE  
SUITE 114  
NORTH MIAMI BEACH, FL 33162 US

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

SILVA, FERNANDO  
16300 NE 19 AVE  
SUITE C  
NORTH MIAMI BEACH, FL 33162 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: FERNANDO SILVA

04/29/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DELORENZO, ADRIANA  
Address: 16300 NE 19 AVE SUITE 114  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: DELORENZO, ADRIANA  
Address: 400 KINGS POINT DR STE 824  
City-St-Zip: SUNNY ISLES, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ADRIANA DELORENZO

PD

04/29/2005

Electronic Signature of Signing Officer or Director

Date