

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

03-14-2005 90107 004 \*\*\*150.00  
P03000011667

FILED  
05 DEC -5 PM 2:46

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03092005 Chg-P CR2E034 (10/03)

4. FEI Number **03-0513676** Applied For  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DOCUMENT # P03000011667**

1. Entity Name  
**MANCUSO & LORD OF MIAMI, INC.**

Principal Place of Business <b>1717 NORTH BAYSHORE DR., STE. 2600 MIAMI, FL 33132</b>	Mailing Address <b>1717 NORTH BAYSHORE DR., STE. 2600 MIAMI, FL 33132</b>
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2. Principal Place of Business <b>1717 N. Bayshore Dr.</b>	3. Mailing Address <b>1717 N. Bayshore Dr.</b>
Suite, Apt. #, etc. <b>Suite 200</b>	Suite, Apt. #, etc. <b>Suite 200</b>

City & State <b>MIAMI, FL</b>	City & State <b>MIAMI, FL</b>
Zip <b>33132</b>	Zip <b>33132</b>
Country <b>U.S.A.</b>	Country <b>U.S.A.</b>

6. Name and Address of Current Registered Agent

**MANCUSO, MASSIMO**  
1717 NORTH BAYSHORE DR., STE. 205  
MIAMI, FL 33132

7. Name and Address of New Registered Agent

Name  
**MASSIMO MANCUSO**

Street Address (P.O. Box Number is Not Acceptable)  
**1717 N. Bayshore Dr. Ste 200**

City **MIAMI** FL Zip Code **33132**

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 DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election-Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVSD MANCUSO, MASSIMO 1717 NORTH BAYSHORE DR., STE. 2600 MIAMI, FL 33132 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANCUSO, MASSIMO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1717 N. Bayshore Dr. Ste 200 MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 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 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

B 12/05/05