

FROM : Mike De Simone


PHONE NO. : 305538614

FILED
Aug 05, 2005 8:00 am
Secretary of State

07-07-2005 90006 046 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

66025481

DOCUMENT # P04000033797			
1. Entity Name MICHAEL DESIMONE, INC.			
Principal Place of Business 800 WEST AVENUE APT 629 MIAMI BEACH, FL 33139		Mailing Address 800 WEST AVENUE APT 629 MIAMI BEACH, FL 33139	
2. Principal Place of Business 300 West Ave		3. Mailing Address 800 West Ave	
Suite/Apt. #, etc. Apt 629		Suite, Apt. #, etc. Apt 629	
City & State Miami Beach		City & State Miami Beach	
Zip 33139		Country Miami Dale	
4. FEI Number 05122005		Chg-P CR2E034 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLLETTI, JOSEPH R 3550 BISCAYNE BLVD SUITE 610 MIAMI, FL 33137			
7. Name and Address of New Registered Agent Name: Colletti, Joseph R Street Address (P.O. Box Number is Not Acceptable): 3550 Biscayne Blvd Suite 610 City: Miami FL Zip Code: 33137			
8. The above named entity submits this statement by the filing of this report, in the event of changing its registered office or registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of a registered agent.			
SIGNATURE: <i>Michael De Simone</i>		DATE: 8/1/05	
FILE NOW!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fee	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESIMONE, MICHAEL	NAME	
STREET ADDRESS	800 WEST AVENUE APT 629	STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH, FL 33139	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 information.			
SIGNATURE: <i>Michael De Simone</i>		DATE: 8/3/05	

Michael De Simone

8/1/05

ATTACHMENT

8/1/05

06025481

Re # PO 4 0000 33797

To Whom it May Concern,

I have paid my file fee, due
Sept 7, 2005 on July of 2005.

I do not understand why a late
Fee would be assessed.

Please reprocess.

Thank you

Michael A. DeSimone.