2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State
04-08-2005 90069 029 ***158.75

DOCUMENT # P04000117657

1. Entity Name
CINDI JEAN MORGANO, P.A.

Principal Place of Business	Mailing Address
3100 E COMMERCIAL BLVD FT LAUDERDALE, FL 33308	3100 E COMMERCIAL BLVD FT LAUDERDALE, FL 33308

04052005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
248 HiBiscus Ave		SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: LBTS FL		City & State	
Zip: 33308	Country: US ~~BROWARD~~	Zip	Country

4. FEI Number 20-1515443 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALBERTINE, MICHAEL O 2200 W COMMERCIAL BLVD STE 102 FT LAUDERDALE, FL 33309	Name: Cindi Morgano Street Address (P.O. Box Number is Not Acceptable): 248 Hibiscus LBTS FL City FL Zip Code 33308

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 Cindi Morgano 4/7/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MORGANO, CINDI J 3100 E COMMERCIAL BLVD FT LAUDERDALE, FL 33308	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Cindi Morgano 4/7/05 954-683-6822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #