2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90289 047 ***158.75

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1. Entity Name

PASSARO REID FINANCIAL SERVICES GROUP, INC.

Principal Place of Business	Mailing Address
702 1/2 W WARREN AVE TAMPA FL 33602	PO BOX 1714 TAMPA FL 33601

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
2507 SEAFORD CIR	
Suite, Apt. #, etc.: 1	Suite, Apt. #, etc.
City & State: TAMPA, FL	City & State
Zip: 33613 Country: USA	Zip Country

4. FEI Number: 54 2175176 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PASSARO, ANGELA R
702 1/2 W WARREN AVE
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name: DEPARTMENT OF STATE

Street Address (P.O. Box Number is Not Acceptable): 2507 SEAFORD CIRCLE #1

City: TAMPA FL Zip Code: 33613

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: [signature], ANGELA R. PASSARO 040606
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, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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	S	☐ Delete	TITLE	P/S/CEO/C	☒ Change ☐ Addition
NAME	PASSARO, ANGELA R		NAME	PASSARO, ANGELA R	
STREET ADDRESS	702 1/2 W WARREN AVE		STREET ADDRESS	2507 SEAFORD CIRCLE #1	
CITY-ST-ZIP	TAMPA FL 33602		CITY-ST-ZIP	TAMPA, FL 33613	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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 exemptions contained in Section 119, 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: [signature], ANGELA R. PASSARO 040606 8136583065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #