

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000065912
 1. Entity Name
 GENOVESE JOBLOVE & BATTISTA, P.A.



Principal Place of Business Mailing Address
 100 SE 2ND ST 100 SE 2ND ST
 36TH FLOOR 36TH FLOOR
 MIAMI, FL 33131 US MIAMI, FL 33131 US



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0518134	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOBLOVE, MICHAEL D
 100 SE 2ND ST
 36TH FLOOR
 MIAMI, FL 33131

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

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

U00000196708
 01/26/05-80079-009 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST JOBLOVE, MICHAEL D 100 SE 2ND ST 36TH FLOOR MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BATTISTA, PAUL J 100 SE 2ND ST 36TH FLOOR MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GENOVESE, JOHN H 100 SE 2ND ST 36TH FLOOR MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #