


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90009 005 ***150.00

DOCUMENT # P99000062108			
1. Entity Name CIOFFI AND SONS, INC.			
Principal Place of Business 5884 NW 41 WAY COCONUT CREEK, FL 33073 US		Mailing Address 5884 NW 41 WAY COCONUT CREEK, FL 33073 US	
2. Principal Place of Business 17429 60th Lane N Suite, Apt. #, etc.		3. Mailing Address 17429 60th Lane N Suite, Apt. #, etc.	
City & State LOXAHATCHEE FL		City & State LOXAHATCHEE FL	
Zip 33470	Country USA	Zip 33470	Country USA
6. Name and Address of Current Registered Agent CIOFFI, VINCENT 5884 NW 41 WAY COCONUT CREEK, FL 33073		7. Name and Address of New Registered Agent Name JOSEPH A CIOFFI Street Address (P.O. Box Number is Not Acceptable) 17429 60th Lane N City LOXAHATCHEE FL Zip Code 33470	
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 <i>Joseph A Cioffi</i> DATE <i>2-18-06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 CIOFFI, VINCENT 5884 NW 41 WAY COCONUT CREEK, FL 33073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13 TYLER LANE MAGGIE VALLEY NC 28751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CIOFFI, JOSEPH A 17429 60TH LANE NORTH LOXAHATCHEE, FL 33470 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 exemptions contained in Chapter 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: <i>JOSEPH A CIOFFI</i>		Date	Daytime Phone # <i>561-756-2094</i>

