

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V25566

FILED
Apr 19, 2004
Secretary of State

Entity Name: HERSH . VITALINI . CORAZZINI, P.A.

Current Principal Place of Business:

300 ARAGON AVENUE
SUITE 330
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

300 ARAGON AVENUE
SUITE 330
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 65-0324695 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORAZZINI, PABLO
1865 BRICKELL AVE.
APT. #A-1814
MIAMI, FL 33129

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CORAZZINI, PABLO
Address: 1865 BRICKELL AVE., A-1814
City-St-Zip: MIAMI, FL 33129

Title: D () Delete
Name: VITALINI, LUIGI,
Address: 6925 SW 63RD CT.
City-St-Zip: MIAMI, FL 33143

Title: D () Delete
Name: BURTON, HERSH
Address: 7130 LAUREL LANE
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: VITALINI, LUIGI
Address: 6925 SW 63RD CT.
City-St-Zip: MIAMI, FL 33143

Title: D (X) Change () Addition
Name: HERSH, BURTON
Address: 7130 LAUREL LANE
City-St-Zip: MIAMI LAKES, FL 33014

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PABLO CORAZZINI

D

04/19/2004

Electronic Signature of Signing Officer or Director

_____ Date