

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V25566

**FILED**  
**Apr 26, 2005**  
**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 US

**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: HERSH, BURTON  
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:                            ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

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

DIR

04/26/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date