2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 21, 2005 8:00 am
Secretary of State
01-20-2005 90022 039 ***150.00

DOCUMENT # P98000016264

1. Entity Name
PESCE FAMILY CORPORATION

66002311

01052005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
2875 PINE TREE DR MIAMI BEACH, FL 33140	2875 PINE TREE DR MIAMI BEACH, FL 33140

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0816105 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PESCE, ELEANOR 19300 N.E. 22ND AVENUE NORTH MIAMI BEACH, FL 33180	Name VICTORIA P. ELLIOTT Street Address (P.O. Box Number is Not Acceptable) 2875 Pine Tree Dr City Miami Beach FL Zip Code 33140

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

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD PESCE, ELEANOR 2875 PINE TREE DR MIAMI BEACH, FL 33140	☐ Delete	President Paul Pesce, Jr. 2875 Pine Tree Drive Miami Beach, FL 33140	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD PESCE, PAUL 2875 PINE TREE DR MIAMI BEACH, FL 33140	☐ Delete	christopher pesce - vice-president 2875 Pinetree Drive Miami Beach, FL 33140	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	secretary Victoria Pesce elliott	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: X Victoria Pesce Elliott 2/14/05 305 58-5855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #