

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                |                       |                                 |                                                                                                                                         |                                                                                   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 408996</b>                                                                                                                                                                                                       |                       |                                 |                                                                                                                                         |  |  |
| 1. Entity Name<br><b>SIRAVO &amp; GUERRIERI INC.</b>                                                                                                                                                                           |                       |                                 |                                                                                                                                         |                                                                                   |  |
| Principal Place of Business<br><b>1220 DANBURY AVENUE<br/>DAVIE FL 33325</b>                                                                                                                                                   |                       |                                 | Mailing Address<br><b>1220 DANBURY AVENUE<br/>DAVIE FL 33325</b>                                                                        |                                                                                   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                          |                       |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                                               |                                                                                   |  |
| City & State                                                                                                                                                                                                                   |                       |                                 | City & State                                                                                                                            |                                                                                   |  |
| Zip                                                                                                                                                                                                                            | Country               | Zip                             | Country                                                                                                                                 | 4. FEI Number<br><b>59-1412641</b>                                                |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                     |                       |                                 |                                                                                                                                         | Applied For Not Applicable                                                        |  |
| 6. Name and Address of Current Registered Agent<br><b>GUERRIERI, DANIEL<br/>1220 DANBURY AVENUE<br/>DAVIE FL 33325</b>                                                                                                         |                       |                                 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |                                                                                   |  |
| 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 translating)                                                                                                                                                   |                       |                                 |                                                                                                                                         |                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                |                       |                                 |                                                                                                                                         |                                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                     |                       |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                   |                                                                                   |  |
| TITLE                                                                                                                                                                                                                          | PD                    | <input type="checkbox"/> Delete | TITLE                                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Add                      |  |
| NAME                                                                                                                                                                                                                           | GUERRIERI, DANIEL     |                                 | NAME                                                                                                                                    | 000000421848                                                                      |  |
| STREET ADDRESS                                                                                                                                                                                                                 | 1220 DANBURY AVENUE   |                                 | STREET ADDRESS                                                                                                                          | 02/16/06-80054-015 158.75                                                         |  |
| CITY-ST-ZIP                                                                                                                                                                                                                    | DAVIE FL              |                                 | CITY-ST-ZIP                                                                                                                             |                                                                                   |  |
| TITLE                                                                                                                                                                                                                          | SD                    | <input type="checkbox"/> Delete | TITLE                                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Add                      |  |
| NAME                                                                                                                                                                                                                           | SIRAVO, ANTHONY       |                                 | NAME                                                                                                                                    |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                 | 14300 ARLINGTON PLACE |                                 | STREET ADDRESS                                                                                                                          |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                    | DAVIE FL              |                                 | CITY-ST-ZIP                                                                                                                             |                                                                                   |  |
| TITLE                                                                                                                                                                                                                          | VTD                   | <input type="checkbox"/> Delete | TITLE                                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Add                      |  |
| NAME                                                                                                                                                                                                                           | GUERRIERI, FRANK JR   |                                 | NAME                                                                                                                                    |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                 | 14340 ARLINGTON PLACE |                                 | STREET ADDRESS                                                                                                                          |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                    | DAVIE FL              |                                 | CITY-ST-ZIP                                                                                                                             |                                                                                   |  |
| TITLE                                                                                                                                                                                                                          |                       | <input type="checkbox"/> Delete | TITLE                                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Add                      |  |
| NAME                                                                                                                                                                                                                           |                       |                                 | NAME                                                                                                                                    |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                 |                       |                                 | STREET ADDRESS                                                                                                                          |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                    |                       |                                 | CITY-ST-ZIP                                                                                                                             |                                                                                   |  |
| TITLE                                                                                                                                                                                                                          |                       | <input type="checkbox"/> Delete | TITLE                                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Add                      |  |
| NAME                                                                                                                                                                                                                           |                       |                                 | NAME                                                                                                                                    |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                 |                       |                                 | STREET ADDRESS                                                                                                                          |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                    |                       |                                 | CITY-ST-ZIP                                                                                                                             |                                                                                   |  |
| TITLE                                                                                                                                                                                                                          |                       | <input type="checkbox"/> Delete | TITLE                                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Add                      |  |
| NAME                                                                                                                                                                                                                           |                       |                                 | NAME                                                                                                                                    |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                 |                       |                                 | STREET ADDRESS                                                                                                                          |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                    |                       |                                 | CITY-ST-ZIP                                                                                                                             |                                                                                   |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Daniel Guerrieri*

*1/30/06 (954) 473-5272*