


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 426418 1. Entity Name CAMPANILE & ASSOCIATES, INC.	
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Principal Place of Business 6420 S.W. 147 STREET CORAL GABLES, FL 33158 US	Mailing Address 6420 S.W. 147 STREET CORAL GABLES, FL 33158 US
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DO NOT WRITE IN THIS SPACE



03232006 No Chg-P CRZE034 (11/05)

4. FEI Number 59-1486115	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CAMPANILE, LOUIS R
6420 S.W. 147 STREET
CORAL GABLES, FL 33158**

**DO NOT WRITE
IN THIS SPACE**

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 _____ 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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMPANILE, LOUIS R 6420 S.W. 147 STREET CORAL GABLES, FL 33158
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CAMPANILE, ELISABETH 6420 S.W. 147 STREET CORAL GABLES, FL 33158
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CAMPANILE, ANTHONY 6420 S.W. 147 STREET CORAL GABLES, FL 33158
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/19/06-80012-017 158.75

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-06 305-971-1988
Date Daytime Phone #