2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 03, 2005 08:00 AM

1. Entity Nam	MENT # 448765 - Liano construction, inc			Se	cretary	of Stat	
100 E LINTON BLVD 1 Suite 408-B S		Mailing Address 100 E LINTON BLVD SUITE 408-B DELRAY BEACH, FL 33483-3343					
ם	O NOT WRITE	CE	07282005 4. FEI Numbe 59-152	No Chg-P	CR2E034 (1		
	6. Name and Address of Current Re	gistered Agent					
GIULIANO (E.P.) 100 E LINTON BLVD SUITE 408-B DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33483							
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 Signature, typed of printed name of registered agent and tille it applicable (NOTE. Registered Agent signature required when reinstating) DATE							
	LE NOW!!! FEE IS \$150.00 ue by September 7, 2005		9. Election Campaign Financing \$5. Trust Fund Contribution. Adde		.00 May Be led to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10.	OFFICERS AND D	RECTORS .	W TO STATE OF THE	Par Turke Harpengana arabaya yang		Service Company	on a did simuma of the processing the processing of the contract of the contra
NAME STREET ADDRESS CITY-ST-ZIP	PD GIULIANO, ERMINIO 100 E LINTON BLVD SUITE 408B DELRAY BEACH, FL 334833343					==== 1375452 -80003-00:	<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GIULIANO, CATHERINE 100 E LINTON BLVD STE 408B DELRAY BEACH, FL 334833343					···	. ,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIULIANO, PETER 100 E LINTON BLVD STE 408B DELRAY BEACH, FL 334833343		medylpa in the second	DO	NOT W	RITE	· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1		—IN.	THIS SF	PACE	

12. I hereby certify that the information supplied with this filling 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: 1