## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 573499**

VASSALLO, BRIAN P

1630 S CONGRESS AVE

PALM SPRINGS, FL 33461 US

Name:

Address:

City-St-Zip:

Entity Name: VASSALLO & BILOTTA, P.A.

FILED Apr 12, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1630 S CONGRESS AVE STE 201 PALM SPRINGS, FL 33461 US **New Mailing Address: Current Mailing Address:** 1630 S CONGRESS AVE STE 201 PALM SPRINGS, FL 33461 US FEI Number: 59-1825711 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VASSALLO, JOSEPH A 1630 S CONGRESS AVE STE 201 PALM SPRINGS, FL 33461 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition VASSALLO, JOSEPH A Name: Name: 1630 S CONGRESS AVE STE 201 Address: Address: City-St-Zip: PALM SPRINGS, FL 33461 US City-St-Zip: ( ) Delete Title: VPSD Title: () Change () Addition BILOTTA, JOSEPH Name: Name: 1630 S CONGRESS AVE Address: Address: PALM SPRINGS, FL 33461 US City-St-Zip: City-St-Zip: VPTD Title: Title: () Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: BRIAN P. VASSALLO VP/T 04/12/2004