2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Jan 07, 2005 08:00 AM Secretary of State

DOCUMENT # 604532 1. Entity Name HILL AND LEMONGELLO, P.A.				Secretary	of Stat
Principal Place of Business	Mailing Address		j		
400 SE 6 ST FORT LAUDERDALE, FL 33301	400 SE 6 ST FORT LAUDERDALE, FL 3330	1			
	·		01032005 No Ci	hg-P CR2E034 (1	
DO NOT WRITE	IN THIS SPA	CE	4. FEI Number		Applied For
			59-1990379		Not Applicable
			5. Certificate of Status D		5 Additional equired
6. Name and Address of Current Re	stered Agent		**************************************	·	
HILL, SAMUEL TYLER 400 SE 6 ST. SUITE 200 FORT LAUDERDALE, FL 33301	. = = .			WRITE SPACE	
					- Santa anni deli medi di San
 The above named entity submits this statement for the the obligations of registered agent. 	e purpose of changing its register	ed office or register	red agent, or both, in the SI	tate of Florida. I am familia	r with, and accept
SIGNATURE			· · · · · · · · · · · · · · · · · · ·	·	
Signature, typed or printed name of registered agent and I	ille if applicable. (NOTÉ, Registere	d Agent signature required	when reinstating)	DATE	. <u></u>
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	_ ~.	00 May Be ed to Fees	/0//000173945)7/05-80037-01!	5 150,00
10. OFFICERS AND DIR	ECTORS				
TITLE PD					

HILL, SAMUEL TYLER NAME STREET ADDRESS 400 SE 6 ST FORT LAUDERDALE, FL 33301 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP 33111 IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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.