

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 27, 2004 8:00 am**  
**Secretary of State**

07-27-2004 90039 024 \*\*\*550.00

**DOCUMENT # 842680**

1. Entity Name  
**ALFRED ANGELO, INC.**



Principal Place of Business  
**1690 SOUTH CONGREE AVE  
STE 120  
DELRAY BEACH, FL 33445 US**

Mailing Address  
**1301 VIRGINIA DR  
FT WASHINGTON, PA 19034 US**

**44050177**



2. Principal Place of Business  
**1690 SOUTH CONGREE AVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**1301 VIRGINIA DR**  
Suite, Apt. #, etc.  
**SUITE 110**

07072004 Chg-P CR2E034 (10/03)

City & State

Zip

Country

4. FEI Number  
**23-1290653**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PICCIONE, VINCENT E  
1690 SOUTH CONGREE AVE  
STE 120  
DELRAY BEACH, FL 33445**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL** 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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

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"/> Addition
NAME	PICCIONE, VINCENT E			NAME			
STREET ADDRESS	1690 SOUTH CONGREE AVE			STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL 33445			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PICCIONE, MICHELE			NAME			
STREET ADDRESS	1690 SOUTH CONGREE AVE			STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL 33445			CITY-ST-ZIP			
TITLE	COO	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WIBLE, RONALD			NAME			
STREET ADDRESS	1690 SOUTH CONGREE AVE			STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL 33445			CITY-ST-ZIP			
TITLE	VPF	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WELTZ, JOSEPH			NAME			
STREET ADDRESS	1301 VIRGINIA DR SUITE 110			STREET ADDRESS			
CITY-ST-ZIP	FT WASHINGTON, PA 19034			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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"/> Addition
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 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.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_