2/2

FILED
Mar 09, 2004 8:00 am
Secretary of State

02-23-2004 90026 041 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F02000004379

1. Entity Name
GELLER, MARZANO & COMPANY CPA'S, P.C.

66405185

Principal Place of Business	Mailing Address
1191 E. NEWPORT CENTER DRIVE, SUITE 103 DEERFIELD BEACH, FL 33442	1191 E. NEWPORT CENTER DRIVE, SUITE 103 DEERFIELD BEACH, FL 33442

01122004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 11-2371868 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARZANO, MICHAEL 1191 E. NEWPORT CENTER DR., #103 DEERFIELD BEACH, FL 33442	Name: Susan Conley Street Address (P.O. Box Number is Not Acceptable): 1191 E Newport Ctr DR #103 City: Fort Lauderdale FL Zip Code: 33442

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: Susan Conley — 1/12/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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	PCD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MARZANO, FRANK P	NAME	
STREET ADDRESS	30 MAIN STREET	STREET ADDRESS	
CITY-ST-ZIP	PORT WASHINGTON, NY 11050	CITY-ST-ZIP	
TITLE	STD ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	MARZANO, MICHAEL C	NAME	
STREET ADDRESS	1191 E NEWPORT CENTER DRIVE, SUITE 103	STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☑ Addition
NAME		NAME	STD
STREET ADDRESS		STREET ADDRESS	Viola, Anthony J
CITY-ST-ZIP		CITY-ST-ZIP	30 Main Street Port Washington, NY 11050
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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] — 3/4/04
SIGNATURE AND TYPED OR PRINTED NAME OF CHANGE OFFICER OR DIRECTOR — Date — Daytime Phone #