

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13368

FILED  
Jan 21, 2005  
Secretary of State

Entity Name: SARINO R. COSTANZO, PROFESSIONAL ASSOCIATION

## Current Principal Place of Business:

12515 KENDA 11 DR.  
SUITE 324  
MIAMI, FL 33186 US

## New Principal Place of Business:

## Current Mailing Address:

12515 KENDA 11 DR.  
SUITE 324  
MIAMI, FL 33186 US

## New Mailing Address:

FEI Number: 65-0037886      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COSTANZO, SARINO R  
12515 N. KENDALL DR.  
SUITE 324  
MIAMI, FL 33186 US

## Name and Address of New Registered Agent:

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:

Title: VPS ( ) Delete  
Name: COSTANZO, SARINO R,  
Address: 2250 SW 3RD AVE #100  
City-St-Zip: MIAMI, FL 33129 US

Title: PTD ( ) Delete  
Name: COSTANZO, SARINO R  
Address: 12515 N. KENDALL DRIVE SUITE 324  
City-St-Zip: MIAMI, FL 33186

Title: VPS ( ) Delete  
Name: COSTANZO, SARINO R  
Address: 12515 N. KENDALL DRIVE SUITE 324  
City-St-Zip: MIAMI, FL 33186

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: SARINO R. COSTANZO

PV

01/21/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date