## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 10, 2005 08:00 AM DOCUMENT # F57891 **Secretary of State** 1. Entity Name KENNETH DIDONATO, INC. Principal Place of Business Mailing Address 2630 HOLLYWOOD BLVD. 2630 HOLLYWOOD BLVD. SUITE 103 HOLLYWOOD FL 33020 SÜITE 103 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-2148167 Not Applicable Country Zíp Country Zip \$8.75 Additional 5, Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DIDONATO, KENNETH Street Address (P.O. Box Number is Not Acceptable) 4305 VAN BUREN STREET HOLLYWOOD FL 33021 City 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, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition HILE PD ☐ Delete TILLE ☐ Change DIDONATO, KENNETH NAME NAME STREET AODRESS STREET ADDRESS 4305 VAN BUREN STREET CHY-SI-ZIP U00000223**14**1 HOLLYWOOD, FL 00000 CITY-ST-ZIP 12/10/05-80030-0185 dalate 007 Addition Delete HILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TULLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete HIIE THE NAME MAME STREET ADDRESS STREET ADDRESS CITY-Si-ZIF CITY ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes 1 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: KEMMETH DIDONATO FEB. 8, 2005 (954) 923-2555