


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90148 012 ***150.00

DOCUMENT # J43617 1. Entity Name 5400 N. DIXIE, INC.			
Principal Place of Business 12414 WESTHAMPTON CIR WELLINGTON, FL 33414 US		Mailing Address 12414 WESTHAMPTON CIR WELLINGTON, FL 33414 US	
2. Principal Place of Business 2885 SIERRA PINE DRIVE		3. Mailing Address 2885 SIERRA PINE DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LANTANA, FL		City & State LANTANA, FL	
Zip 33462		Zip 33462	
Country US		Country US	
4. FEI Number 59-2749902		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOFASO, FRANK 12414 WESTHAMPTON CIR WELLINGTON, FL 33414		7. Name and Address of New Registered Agent Name: LOFASO, FRANK Street Address (P.O. Box Number is Not Acceptable): 2885 SIERRA PINE DRIVE City: LANTANA, FL Zip Code: 33462	
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: <u>FRANK LOFASO, President</u>		DATE: <u>3/8/05</u>	
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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOFASO, FRANK 12414 WESTHAMPTON CIR WELLINGTON, FL 33414	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOFASO, FRANK 2885 SIERRA PINE DRIVE LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPP Lisa L. Abeel 3039 Burdland Lane The Plains, VA 20198
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>FRANK LOFASO, President</u>		DATE: <u>3/8/05</u>	
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone: (561) 965-9677	