


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 23, 2005 8:00 am**  
**Secretary of State**

05-23-2005 90008 033 \*\*\*150.00

<b>DOCUMENT # J51584</b>	
1. Entity Name DESTEFANO SECRETARIAL SERVICES, INC.	

Principal Place of Business PO BOX 210733 ROYAL PALM BEACH, FL 33414 US	Mailing Address PO BOX 210733 ROYAL PALM BEACH, FL 33414 US
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20059268



2. Principal Place of Business 15770 Glen Willow Lane Suite, Apt. #, etc.	3. Mailing Address 15770 Glen Willow Lane Suite, Apt. #, etc.
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05112005 Chg-P CR2E034 (10/03)

City & State Wellington, FL	City & State Wellington, FL
Zip 33414	Zip 33414
Country Palm Beach	Country Palm Beach

4. FEI Number 59-2753762	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DESTEFANO, DANIEL 15770 GLEN WILLOW LANE WELLINGTON, FL 33414	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	DESTEFANO, DANIEL <input checked="" type="checkbox"/> Delete	TITLE P	DESTEFANO, DANIEL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESTEFANO, DANIEL	NAME	DESTEFANO, DANIEL
STREET ADDRESS	15770 GLEN WILLOW LANE	STREET ADDRESS	15770 GLEN WILLOW LANE
CITY-ST-ZIP	WEST PALM BEACH, FL 33414	CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE ST	DESTEFANO, DEBORAH <input checked="" type="checkbox"/> Delete	TITLE ST	DESTEFANO, DEBORAH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESTEFANO, DEBORAH	NAME	DESTEFANO, DEBORAH
STREET ADDRESS	15770 GLEN WILLOW LANE	STREET ADDRESS	15770 GLEN WILLOW LANE
CITY-ST-ZIP	WEST PALM BEACH, FL 33414	CITY-ST-ZIP	WELLINGTON, FL 33414
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	
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: Daniel Destefano Daniel Destefano, Pres. 5/18/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #