


**FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90065 024 \*\*\*150.00

DOCUMENT # <b>563027</b>	
1. Entity Name <b>J. PASSALACQUA, INC</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>4514 N. Ocean Dr</b> Suite, Apt. #, etc.	3. Mailing Address <b>4514 N. Ocean Dr.</b> Suite, Apt. #, etc.
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CR2E034B (8/05)

City & State <b>Hollywood FL</b>	City & State <b>Hollywood FL</b>	4. FEI Number <b>65-0161774</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33019</b>	Country <b>Br.</b>	Zip <b>33019</b>	Country <b>Brw.</b>
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name <b>PASSALACQUA, John</b>
Street Address (P.O. Box Number is Not Acceptable) <b>4514 N. Ocean Dr.</b>
City <b>Hlyw.</b>
State <b>FL</b>
Zip Code <b>33019</b>

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 **John Passalacqua** DATE **1-25-06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>January 1, May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended AR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD PASSALACQUA, John 4514 N. Ocean Dr Hollywood FL 33019</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **John Passalacqua** **John Passalacqua** **1-25-06** **925 0319**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #