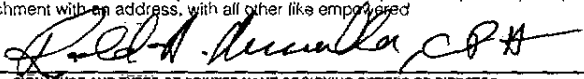


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # K18692 1. Entity Name RONALD A. MUSCARELLA, C P A PA			
Principal Place of Business 7000 W. OAKLAND PK. BLVD 303 SUNRISE, FL 33313 US		Mailing Address 7000 W. OAKLAND PK. BLVD 303 SUNRISE, FL 33313 US	
DO NOT WRITE IN THIS SPACE			
		04222005 No Chg-P CR2E034 (10:03)	
		4. FEI Number 65-0036631	Applied Fee Fee Applicable
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MUSCARELLA, RONALD 7000 W. OAKLAND PK BLVD. STE. 303 SUNRISE, FL 33313		DO NOT WRITE IN THIS SPACE	
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 understand the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when rechartering)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
		000000335501 04/27/05-80083-024 150.00	
10. OFFICERS AND DIRECTORS			
TITLE	D		
NAME	MUSCARELLA, RONALD A.		
STREET ADDRESS	7000 W. OAKLAND PK BLVD, STE. 303		
CITY- ST- ZIP	SUNRISE, FL 33313		
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
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)(f), 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 employed			
SIGNATURE: 		4/22/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	