


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # K52963**  
 1. Entity Name  
 JEFFER, CIOFFI & CICALSE, P.A.



Principal Place of Business 250 TEQUESTA DRIVE SUITE 200 TEQUESTA, FL 33469	Mailing Address 250 TEQUESTA DRIVE SUITE 200 TEQUESTA, FL 33469
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04132005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FBI Number 65-0086918	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  
 CIOFFI, JAMES A.  
 250 TEQUESTA DR  
 SUITE 200  
 TEQUESTA, FL 33469

**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 accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS CIOFFI, JAMES A. 250 TEQUESTA DR, #200 TEQUESTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT JEFFER, HERMAN 250 TEQUESTA DR #200 TEQUESTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CICALSE, PATRICK 250 TEQUESTA DR #200 TEQUESTA, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

04/18/05-80061-024 150.00

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: James Cioffi Date: 4/15/05 Daytime Phone #: (561) 747-6000