


2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 28, 2006 08:00 AM
Secretary of State

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



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|--|--|
| Principal Place of Business 250 TEQUESTA DRIVE SUITE 200 TEQUESTA, FL 33469 | Mailing Address 250 TEQUESTA DRIVE SUITE 200 TEQUESTA, FL 33469 |
|--|--|



03152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 65-0086918 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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 retaking) DATE _____

| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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

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|--|--|
| 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 CICALESSE, PATRICK 250 TEQUESTA DR #200 TEQUESTA, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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04/11/06-20115-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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; changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES A CIOFFI 3/24/06 361-747-6002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #