
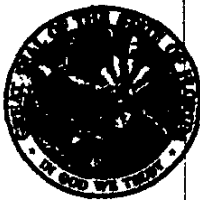


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 19, 2005 8:00 am
Secretary of State

07-21-2005 90028 004 ***150.00
08-19-2005 90007 050 ***400.00

DOCUMENT # K80961 1. Entity Name FERRENTINO CORPORATION NO. 3																																																																																					
Principal Place of Business 12430 CITATION RD BROOKSVILLE FL 34610 US			Mailing Address 12430 CITATION RD BROOKSVILLE FL 34610 US																																																																																		
2. Principal Place of Business FERRENTINO CORP. #3 Suite, Apt. #, etc. 6436 MASSACHUSETTS AVE City & State NEW YORK RICHIEY, FL. Zip 34653		3. Mailing Address FERRENTINO CORP. #3 Suite, Apt. #, etc. 12121 LITTLE RD. #303 City & State HUDSON, FL. Zip 34667																																																																																			
Country U.S.		Country U.S.		4. FEI Number 65-0131405																																																																																	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable																																																																																	
6. Name and Address of Current Registered Agent FERRENTINO, PETER 12430 CITATION RD BROOKSVILLE FL 34610			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 <u><i>Peter Ferrentino</i></u> (OFFICE ADDRESS CHANGE) DATE <u>07-15-05</u> <small>(NOTE Registered Agent signature required when registering)</small>																																																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																		
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 85%;"> DP FERRENTINO, PETER 12121 LITTLE RD 12430 CITATION RD BROOKSVILLE FL 34610 HUDSON, FL 34667 </td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 85%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table> </div> </div>						TITLE	DP FERRENTINO, PETER 12121 LITTLE RD 12430 CITATION RD BROOKSVILLE FL 34610 HUDSON, FL 34667	NAME		STREET ADDRESS		CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 <u><i>Peter Ferrentino</i></u> PETER FERRENTINO DATE <u>07-15-05</u> 813-929-9259 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																					



ATTACHMENT

50062378

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

July 25, 2005

FERRENTINO CORPORATION NO. 3
FERRENTINO CORP, # 3
12121 LITTLE RD, # 303
HUDSON, FL 34667 US

Subject: **FERRENTINO CORPORATION NO. 3**

Reference Number: **K80961**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

The only provision the Division of Corporations has for waiver of the \$400.00 late fee is if the annual report notice was not received. A letter stating this fact must accompany the completed annual report.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/LS

ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314