## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 31, 2005 8:00 am Secretary of State

1. Entity Nam CHIODI,	ne	<sup>-</sup> # L18989						01-31-2005 9	0077 02	24 ***150	.00
Principal Plac	e of Busine:	ss	Mailir	ng Address							
1655 E. SEMORAN BLVD.				P. O. BOX 160789				5	เกกกร	2166	
#40 Apopka, Fl 32703 US				- <del>Suite 2165</del> Altamonte Spring, FL 32716-0789 US			50008166				
2. Principal Place of Business 1555 Semuran BYCL			3. Ma	3. Mailing Address							
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.			01252005	Chg-P	CB2E0	34 (10/03)	
City & State		City	City & State			4. FEI Number				plied For	
	Zip Country		Zip	Zip Coun		trv	59-2963096		Not Applicable \$8.75 Additional		
	192	Seminole				····	5. Certificate of			Fee Require	
	6. Nam	e and Address of Curre	nt Register	ed Agent		Name	7. Name and A	ddress of New Re	gistered	Agent	
CHIODI, ALBERT M., JR.								10 11			
7802 EAR TANGERII						Street Address (	P.O. Box Number i	s Not Acceptable	)		
						City				Zíp Cod	
						•			FL		
		ity submits this statemen stered agent.	t for the purp	oose of changing its	registeri	ed office or register	ed agent, or both,	in the State of Flor	rida, I am	familiar with,	and accept
SIGNATURE	Signature, lype	of or printed name of registered ag	ent and title if ap	plicable. (NOT	E: Registere	d Agent signature required	When reinstating)		DATE		
		FEE IS \$150.00  5 Fee will be \$55	0.00	9. Election Campa Trust Fund Cont			.00 May Be ed to Fees				
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After Ma	DPS CHIODI,	)5 Fee will be \$55		Trust Fund Cont	11.	Add	ed to Fees	HANGES TO OFFI	CERS AND		
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t. Thereby certify that the information supplied with this fifth 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 trusted empowerful to executarities as a captured by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapters of the corporation of the corporation of the receiver or trusted empowerful to executarities.

SIGNATURE

NATURE AND TOPED OR PRINTED NAME OF SIGNING OF CER OR C

1-27-05 4076787/13

Daytime Phone #