

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90317 017 ***150.00

DOCUMENT # L19538 1. Entity Name BATTISTA MANAGEMENT CORP.			
Principal Place of Business 2835 N. COURSE DR. #101 POMPAÑO BCH, FL 33069		Mailing Address 2835 N. COURSE DR. #101 POMPAÑO BCH, FL 33069	
2. Principal Place of Business 1007 N. FEDERAL HWY. Suite, Apt. #, etc. #269 City & State FORT LAUDERDALE, FL Zip 33304 Country USA		3. Mailing Address 1007 N. FEDERAL HWY. Suite, Apt. #, etc. #269 City & State FORT LAUDERDALE, FL Zip 33304 Country USA	
4. FEI Number 65-0157362		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BATTISTA, ANTHONY G. 2835 N. COURSE DR. APT. 101 POMPAÑO BEACH, FL 33069		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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when consulting)			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DPT BATTISTA, ANTHONY G 2835 N. COURSE DR. #101 POMPAÑO BEACH, FL 33069	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☒ Change ☐ Addition 1007 N. FEDERAL HWY. #269 FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPS BATTISTA, JOAN A 2835 N. COURSE DR. #101 POMPAÑO BEACH, FL 33069	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☒ Change ☐ Addition 1007 N. FEDERAL HWY. #269 FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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)(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 information empowered.			
SIGNATURE: <u>Anthony G. Battista</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>President</u> (954) 446-7868 Date Daytime Phone #	

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