## **2005 FOR PROFIT CORPORATION**

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**FILED** Mar 16, 2005 08:00 AM e

ANNUAL REPORT					Wiai 10, 2003 00.00		
1. Entity Name	MENT # L20043 INDUSTRIES, INC.				Secretary of Stat		
Principal Place % ROBERT L 1071 N.W. 7- PLANTATION	CIRRITO 4TH TERRACE	Mailing Address % ROBERT L. CIRRITO 1071 N.W. 74TH TERRACE PLANTATION, FL 33313					
D	O NOT WRITE	IN THIS SPA	CE	03122005 4. FEI Numbe 65-014	No Chg-P	CR2E034 (10/03)    Applied For   Not Applicable     \$8.75   Additional     Fee Required	
	6. Name and Address of Current R	egistered Agent					
CIRRITO, ROBERT L. 1071 N.W. 74TH TERRACE PLANTATION, FL 33313			DO NOT WRITE IN THIS SPACE				
the obligati	named entity submits this statement for ions of registered agent.	he purpose of changing its register	red office or re	gistered agent, or bo	th, in the State of Flor	rida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: Register	ed Agent signature r	equired when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaign Fina Trust Fund Contribution.		\$5.00 May Be Added to Fees			
10.	OFFICERS AND D	IRECTORS	_				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIRRITO, ROBERT L. 1071 N.W. 74TH TERRACE PLANTATION, FL		**********		U0000 03/16/05	10265325 1-80048-023 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CIRRITO, PATRICIA 1071 N.W. 74TH TERRACE PLANTATION, FL			 			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10 Fr	p. scotte. April		DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 A F ( 1 A F )		- Anniestad frances es	IN '	THIS SP	PACE	

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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:

SIGNATURE

SIGNATURE

Date

Dayline Phone #

The second of the second

TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP