


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90342 014 ***150.50

DOCUMENT # L54667
 1. Entity Name
ABRUZZI REALTY AND MANAGEMENT CORPORATION



Principal Place of Business Mailing Address
17109 S.E. LIMRICK COURT **17109 S.E. LIMRICK COURT**
TEQUESTA, FL 33469 US **TEQUESTA, FL 33469 US**

DO NOT WRITE IN THIS SPACE



03212006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0180851	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
TARTAGLIA, GINO
17109 SE LIMRICK COURT
TEQUESTA, FL 33469

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT TARTAGLIA, BRENDA L 17109 SE LIMRICK COURT TEQUESTA, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS TARTAGLIA, GINO 17109 SE LIMRICK COURT TEQUESTA, FL 33469
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Giuseppe Tartaglia* 3/29/06 561-262-0773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #