

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L79027

1. Entity Name
CIPRIANO ADVERTISING, INC.



Principal Place of Business
**2801 PONCE DE LEON BLVD
STE 300
CORAL GABLES, FL 33134 US**

Mailing Address
**2801 PONCE DE LEON BLVD
STE 300
CORAL GABLES, FL 33134 US**

DO NOT WRITE IN THIS SPACE



01182005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0200604

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CIPRIANO, VINCENT R.
2801 PONCE DE LEON BLVD
STE 300
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____

**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

TITLE	PD
NAME	CIPRIANO, VINCENT R.
STREET ADDRESS	2801 PONCE DE LEON BLVD
CITY - ST - ZIP	CORAL GABLES, FL 33134
TITLE	VP
NAME	KLOSE, DENNIS P
STREET ADDRESS	2801 PONCE DE LEON BLVD
CITY - ST - ZIP	CORAL GABLES, FL 33134
TITLE	VPSD
NAME	CIPRIANO, MARCIA V
STREET ADDRESS	9801 SW 82 CT
CITY - ST - ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/24/05-80103-020 150.00

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IN THIS SPACE**

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 like empowered.

SIGNATURE: Vincent R. Cipriano **VINCENT R. CIPRIANO** 1/20/05 305-448-6646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #