

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90045 010 \*\*\*150.00

**DOCUMENT # L79027**

1. Entity Name  
CIPRIANO & KLOSZ, INC.



Principal Place of Business

~~2801 PONCE DE LEON BLVD~~ **95 MERRICK WAY**  
~~STE 300-500~~  
CORAL GABLES, FL 33134 US

Mailing Address

~~2801 PONCE DE LEON BLVD~~ **95 MERRICK WAY**  
~~STE 300-500~~  
CORAL GABLES, FL 33134 US

40021167



02012007 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0200604

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

CIPRIANO, VINCENT R.  
~~2801 PONCE DE LEON BLVD~~ **95 MERRICK WAY**  
~~STE 300-500~~  
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, 2007 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~~ **95 MERRICK WAY**  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE VP  
NAME KLOSZ, DENNIS P  
STREET ADDRESS ~~2801 PONCE DE LEON BLVD~~ **95 MERRICK WAY**  
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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

**VINCENT R. CIPRIANO** 2/5/07 305-448-6646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #