

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90117 029 ***150.00

DOCUMENT # L91545 1. Entity Name LARRY VENTIMIGLIA AGENCY INC.			
Principal Place of Business 1100 IMPERIAL DR. STE. 601 SARASOTA, FL 34236 US		Mailing Address 1100 IMPERIAL DR. STE. 601 SARASOTA, FL 34236 US	
2. Principal Place of Business 167-15 12th Ave. Suite, Apt. #, etc. 7D		3. Mailing Address Same Suite, Apt. #, etc.	
City & State Whitestone New York		City & State _____	
Zip 11357		Country Queens	
4. FEI Number 65-0260929		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VENTIMIGLIA, LAWRENCE 1100 IMPERIAL DR #601 SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name Lawrence Ventimiglia Street Address (P.O. Box Number is Not Acceptable) 8807 East Ren Place City Inverness FL Zip Code 32650	
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 Lawrence Ventimiglia 4/8/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D VENTIMIGLIA, LAWRENCE 1100 IMPERIAL DR #601 SARASOTA, FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 167-15 12th Ave Apt 7D Whitestone NY 11357
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS VENTIMIGLIA, N 1100 IMPERIAL DR, STE 601 SARASOTA, FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 167-15 12th Ave Apt 7D Whitestone NY 11357
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Lawrence Ventimiglia Lawrence Ventimiglia Director 4/8/05 718.767.6877 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			