

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M29806

FILED
Jan 10, 2005
Secretary of State

Entity Name: PROVOST & PARTNERS, INC.

Current Principal Place of Business:

75 SW 15TH ROAD
MIAMI, FL 331291101 US

New Principal Place of Business:

Current Mailing Address:

75 SW 15TH ROAD
MIAMI, FL 331291101 US

New Mailing Address:

FEI Number: 59-2663397 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TAGLAIRINO, J. ROBERT
75 S.W. 15TH ROAD
MIAMI, FL 33129 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TAGLAIRINO, J. ROBERT
Address: 3644 S.W. THIRD AVE.
City-St-Zip: MIAMI, FL 33145 US

Title: SD () Delete
Name: GUERRERO, LILLIAN
Address: 15963 S.W. 99TH LANE
City-St-Zip: MIAMI, FL 33196 US

Title: TD () Delete
Name: CANTERO, ADRIANA
Address: 1951 SW 16 TERR
City-St-Zip: MIAMI, FL 33145 US

Title: D () Delete
Name: DELANEY, SEAN
Address: 2438 ARTHUR STREET
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: D () Delete
Name: TYGIELSKI, JASON
Address: 2831 NE 21ST TERR
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: D (X) Delete
Name: VACCARO, FRAN
Address: 260 WEST MASHTA DRIVE
City-St-Zip: KEY BISCAZYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADRIANA CANTERO

TD

01/10/2005

Electronic Signature of Signing Officer or Director

_____ Date