2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000002257

1. Entity Name
THE LAWRENCE R. AND PATRICIA A. PARETTA FOUNDATION, INC.

Principal Place of Business	Mailing Address
1500 SAN REMO AVE. SUITE 125 MIAMI, FL 33146	8716 BALLY BUNION RD. PORT SAINT LUCIE, FL 34986

01182005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0754994
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVE., STE. 125
CORAL GABLES, FL 33146

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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, if applicable, of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when changing)

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PARETTA, LAWRENCE R
STREET ADDRESS	8716 BALLY BUNION RD.
CITY ST ZIP	PORT SAINT LUCIE, FL 34986
TITLE	D
NAME	PARETTA, PATRICIA A
STREET ADDRESS	8716 BALLY BUNION RD.
CITY ST ZIP	PORT SAINT LUCIE, FL 34986
TITLE	D
NAME	STAMEN, ROBERT A
STREET ADDRESS	1500 SAN REMO AVE., STE. 125
CITY ST ZIP	CORAL GABLES, FL 33146
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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01/28/05-80111-006 61.25

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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 617, 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: L.R. PARETTA 1/22/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE