


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2005 8:00 am
Secretary of State

08-09-2005 90002 020 ***150.00

DOCUMENT # P00000001924 1. Entity Name MICHELANGELO GRAPHIC DISPLAY, INC.	
---	---

Principal Place of Business 6408 WEST LINEBAUGH AVE 101-102 TAMPA, FL 33625	Mailing Address 6408 WEST LINEBAUGH AVE 101-102 TAMPA, FL 33625
---	---

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PORAT, RON 7505 ALLOWAY STREET TAMPA, FL 33625	<p style="text-align: center; font-size: 2em;">DO NOT WRITE IN THIS SPACE</p>
---	--

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLETTI, OTTAVIO 5716 PINNEY LANE DR. TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CIFUENTES, CLAUDIA 5716 PINNEY LANE DR. TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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: *Cifuentes Claudia* *Cifuentes Claudia* *JUNE 1005* *813-9649717*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT
50060681

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 21, 2005

MICHELANGELO GRAPHIC DISPLAY, INC.
6408 WEST LINEBAUGH AVE
101-102
TAMPA, FL 33625

SUBJECT: MICHELANGELO GRAPHIC DISPLAY, INC.
Ref. Number: P00000001924

We have received your document for MICHELANGELO GRAPHIC DISPLAY, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$150.00.

Due to the volume of mail received in this office **both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.**

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tina Roberts
Document Specialist

Letter Number: 205A00047836

Please waive the late fee
We did not receive the annual report notice and
checked the box when print the form on line.

Thanks.

Cynthia Clenden
Michelangelo Graphic Display

Ph: 813-9648717