2005 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P00000028708

FILED Apr 01, 2005 8:00 am Secretary of State 04-01-2005 90015 019 ***150.00

| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1. Entity Nam ROSALIE | | O SILVESTRI, P | . A . | | | | | | | | | |
|--|--------------------------------|-----------------|-------------------------|--------------|---------------------------|-----------|----------------|-------------------|----------------------|-----------------|-----------------|----------------|--|
| 2. Principal Place of Business 1. Mailling Address 2. Mailling Address 3. Mailling Address 4. FEI Number 6. FG-997679 Angeled for Fire Requirement 7. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent | Principal Place of Business | | | M | Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. Suite Suite, Apt. #, etc. A f. FE! Number 65.0997679 Apt. # | | | | | | | | | 40044381 | | | | |
| City & State | 2. Principal Place of Business | | | | 3. Mailing Address | | | | | | | | |
| Country Zp | Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | 03162005 | Chg-P | CR2E0 | 34 (10/03) | | |
| S. Name and Address of Current Registered Agent 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 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 name of registered agent. 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 name of registered agent. 8. SIGNATURE SIGNATURE SIGNATURE SILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 After May 1, 2005 Fee will be \$550.00 After May 1, 2005 Fee will be \$350.00 SIRE ADDRESS ORTH SIDE OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 1116 May 1, 2005 Fee will be \$350.00 After Address (CIT-S1-2P) Detels 1116 May 1, 2005 Fee will be \$350.00 After | City & State | | | | City & State | | | I | | | | <u> </u> | |
| Name | Zip | | Country | | Zip | Coun | try | | | | \$8.75 Add | ditional | |
| Street Address (P.O. Box Number is Not Acceptable) | | 6. Name | and Address of Curr | ent Regis | tered Agent | | | 7. Name and | Address of New | Registered / | \gent | | |
| Street Address (P.O. Bax Number is Not Acceptable) | TRONCON | VE MONI | OUE CPA | | | | Name | | | | | | |
| City | 499 E PALMETTO PARK RD 207 | | | | | | Street Address | s (P.O. Box Numbe | er is Not Acceptab | le) | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE TILE NOW!!! FEE IS \$150.00 Superior Agent agent and 180 if applicable. (NOTE: Registered Agent agressive recurred when rentaining) DATE | BOCA RATON, FL 33432 | | | | | | City | | | FI | Zip Cod | le | |
| ### FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS | the obligat | tions of regis | tered agent. | | | | *** | | h, in the State of F | | familiar with, | and accept | |
| 10. OFFICERS AND DIRECTORS | | E NOW!!! | FEE IS \$150.00 | | 9. Election Campa | ign Finar | ncing _ \$ | 5.00 May Be | | *** | | - - | |
| TITLE NAME SITRET ADDRESS CITY-ST-ZIP TITLE NAME SIRET ADDRESS CITY-ST-ZIP SIRET ADDRESS CITY-ST-ZIP TITLE NAME SIRET ADDRESS CITY-ST-ZIP SIRET ADDRESS CITY-ST-ZIP TITLE NAME SIRET ADDRESS CITY-ST-ZIP SIRET ADDRESS CIT | After Ma | ay 1, 200 | 5 Fee will be \$5 | 50.00 | Trust Fund Con | ribution. | L A | doed to Fees | | | | | |
| NAME SIREET ADDRESS CITY-ST-ZIP DAVIE, FL 33330 ITILE NAME SIREET ADDRESS CITY-ST-ZIP NAME SIREET ADDRESS CITY-ST-ZIP NAME SIREET ADDRESS CITY-ST-ZIP NAME SIREET ADDRESS CITY-ST-ZIP TILE NAME SIREET ADDRESS CITY-ST-ZIP | | 1.00 | OFFICERS A | ND DIREC | | | | ADDITIONS/ | CHANGES TO OF | FICERS AND | | | |
| CITY-ST-ZIP | NAME | SILVEST | · · | lO. | ∟ Delete | NAM | ı c | | | • | L_I Unange | , LI Addition | |
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| CITY-ST-ZIP DAVIE, FL 33324 | • | | RI, MIKE | | ☐ Delete | | | | | | ☐ Change | ☐ Addition | |
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| | STREET ADDRESS | | | | | STRE | EET ADDRESS | | • | | • | | |
| | | certify that th | ne information supplied | with this f | iling does not qualify to | | | Section 119 07/3\ | i). Florida Statutes | . I further cer | tify that the i | | |

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.