

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000032333

Entity Name: SCHIFINO CORPORATION

FILED  
Apr 18, 2005  
Secretary of State

## Current Principal Place of Business:

2120 US HWY 301 NORTH  
TAMPA, FL 33619 US

## New Principal Place of Business:

600 SOUTH MAGNOLIA AVE  
SUITE 275  
TAMPA, FL 33606 US

## Current Mailing Address:

2120 US HWY 301 NORTH  
TAMPA, FL 33619 US

## New Mailing Address:

533 S HOWARD AVE  
SUITE 8 PMB 26  
TAMPA, FL 33606 US

FEI Number: 59-3652329

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ANGELICI, LINA ESQ.  
ONE TAMPA CITY CENTER  
201 N. FRANKLIN STREET #2600  
TAMPA, FL 33602 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: D ( ) Delete  
Name: SCHIFINO, DAVID  
Address: 2120 US HWY 301 NORTH  
City-St-Zip: TAMPA, FL 33619 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: SCHIFINO, DAVID  
Address: 600 S MAGNOLIA AVE SUITE 275  
City-St-Zip: TAMPA, FL 33619 US

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: DAVID SCHIFINO

PRES

04/18/2005

Electronic Signature of Signing Officer or Director

Date