

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90062 013 ***158.75

DOCUMENT # P00000034676					
1. Entity Name VIA PALMA DELRAY, INC.					
Principal Place of Business 1220 DANBURY AVE PLANTATION FL 33317			Mailing Address 1220 DANBURY AVE PLANTATION FL 33317		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0996754	
				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUERRIERI, FRANK 14340 ARLINGTON PLACE DAVIE FL 33325			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reconstituting)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BEESON, J M JR	NAME			
STREET ADDRESS	7099 E TROPICAL WAY	STREET ADDRESS			
CITY-ST-ZIP	PLANTATION FL 33317	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GUERRIERI, FRANK	NAME	Guerrieri Frank		
STREET ADDRESS	14340 ARLINGTON PLACE	STREET ADDRESS	14340 Arlington Place		
CITY-ST-ZIP	DAVIE FL 33325	CITY-ST-ZIP	DAVIE, FL. 33325		
TITLE	D <input type="checkbox"/> Delete	TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SIRAVO, ANTHONY	NAME	Siravo, Anthony		
STREET ADDRESS	14300 ARLINGTON PLACE	STREET ADDRESS	14300 Arlington Place		
CITY-ST-ZIP	DAVIE FL 33325	CITY-ST-ZIP	DAVIE, FL. 33325		
TITLE	D <input type="checkbox"/> Delete	TITLE	TVD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GUERRIERI, DANIEL	NAME	Guerrieri, Daniel		
STREET ADDRESS	1220 DANBURY AVE	STREET ADDRESS	1220 Danbury Ave.		
CITY-ST-ZIP	DAVIE FL 33325	CITY-ST-ZIP	DAVIE, FL. 33325		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Daniel Guerrieri*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/06 (954) 473-5272

Date

Daytime Phone #