

2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2005 8:00 am Secretary of State **DOCUMENT # P00000042038** 04-28-2005 90217 038 ***150.00 1. Entity Name PISCIOTTI INTERIORS, INC. Principal Place of Business Mailing Address 14006463 10498 NW 50TH STREET 1370 SOUTH OCEAN BLVD NEW SUNRISE, FL 33351 #1907 AID POMPANO BEACH, FL 33062 2., Principal Place of Business Mailing Address 104 98 NW 50 UST. 20565,W. IDAHO Suite, Apt. #, etc. Suite, Apt. #, etc. 04112005 Chg-P CR2E034 (10/03) SUNAISE FL 3835 City & State City & State 4. FEL Number Applied For 33381 USA PORT ST. LUCIE, FL, 34953 65-1004432 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired UJÁ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NEW ADDRESS JERRY PISCIOTTI PISCIOTTI, JERRY 2056 SW TOAHOLN Street Address (P.O. Box Number is Not Acceptable) 1370 SOUTH OCEAN BLVD #1907 PORT ST, LUCIE, FL, 34953 POMPANO BEACH, FL 33062 City PORT ST. LUCIE 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. Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PVST** TITLE PUST ☐ Delete TITLE ☐ Change ☐ Addition NAME PISCIOTTI, JERRY PISCIOTTI JERRY NAME 1370 SOUTH OCEAN BLVD #1907 2056 SW 10440 LN. STREET ADDRESS STREET ADDRESS POMPANO BEACH, FL 33062 CITY-ST-ZIP CITY-ST-7IP PORT ST. LUCIE, FL, 34953 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP 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.

ITED NAME OF SIGNING OFFICER OR DIRECTOR

FILED