2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **Secretary of State** DOCUMENT # P00000058298 1. Entity Name 03-28-2005 90057 041 \*\*\*150.00 AGAPAO 2000, INC. Principal Place of Business (\*\*) Mailing Address 3819 WESTGATE AVENUE 3819 WESTGATE AVENUE SUITE 6 WEST PALM BEACH FL 33409 SUITE 6. WEST PALM BEACH FL 33409 2. Principal Place of Business 3. Mailing Address 3804 Burns Road 3804 Burns Roac Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Swite A Suite A City & State Palm Beach City & State Applied For 65-1013051 Gardens, FL <u>Palm Beach</u> Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33410 33410 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COCUZZA, LEE Street Address (P.O. Box Number is Not Acceptable) 3819 WESTGATE AVENUE 🐁 SUITE 6 WEST PALM BEACH FL 33409 Zip Code FL 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 (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition COCUZZA, LEE NAME NAME 3804 Burns Road, Swite A STREET ADDRESS 9819 WESTGATE AVENUE STREET ADDRESS CITY-ST-7IP WEST PALM BEACH FL 33409 CITY-ST-ZIP TITLE ☐ Delete TIT1 F NAME COCUZZA, GRETCHEN NAME Burns Road, Suite A STREET ADDRESS 3819 WESTGATE AVENUE -STREET ADDRESS WEST-PALM BEACH FL 33409-CITY-ST-ZIP CITY-ST-ZIP Detete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP DELE ☐ Detete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE TETLE ☐ 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.

Lee Courra

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_

FILED

Mar 28, 2005 8:00 am