2005 FOR PROFIT CORPORATION **ANNUAL REPORT** 

## Jun 03, 2005 8:00 am **DOCUMENT # P00000059499 Secretary of State** 1. Entity Name SAM GORFIDO, INC. 05-04-2005 90191 020 \*\*\*150.00 Principal Place of Business 4671 BRADY LN 4671 BRADY LN. bbU21132 PALM BEACH, FL=33418 -PALM BEACH, FL=33418 " 1. w2 04292005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1022984 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GORFIDO, SAM DO NOT WRITE 4671 BRADY-EN PALM BEACH, FL 33418 IN THIS SPACE 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. 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 11 1 H.C. OFFICERS AND DIRECTORS . 10. TITLE GORFIDO, SAM NAME STREET ADDRESS 4671 BRADY LN CITY-ST-ZIP PALM BEACH, FL 33418 TITLE NAME STREET ADORESS CITY-ST-ZIP TITI F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP ICLE . IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 12. Thereby 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 SIGNATURE:

FILED