2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 14, 2005 8:00 am Secretary of State

DOCUMENT # P00000102 1. Entity Name PIZANO MASONRY, INC.	973			03-14-2005	90101 030 ***150	
Principal Place of Business	Mailing Address					
5114 OKEECHOBEE BLVD 210	5114 OKEECHOBEE BLVD 210				5002	5571
WEST PALM BEACH, FL 33417	WEST PALM BEACH, FL 33	3417	1 10 11 11 11	88711 8 8191 8 8911 8 8117 F S	I All Livil II an 11	1001 11 1001
2. Principal Place of Business 4161 Ruth ROAD	3. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc.		03112005	Chg-P	CR2E034 (10/03)	
City & State	City & State		4. FEI Numbe	er	Ap	plied For
LAKE WORTH, FL 33 150	7:0	2 number	65-105	2022		t Applicable
33460 PALM BEACH	Zip	Country	5. Certificate	of Status Desired	See Require	
6. Name and Address of Current	Registered Agent	Nome	7, Name and	Address of New F	Registered Agent	
PIZANO, LUZ		Name		***********		
4151 RUTH ROAD	Street Address	Street Address (P.O. Box Number is Not Acceptable)				
LAKE WORTH, FL 33461						-
		City	, • • •		FL Zip Cod	9
The above named entity submits this statement for the obligations of registered agent.	r the purpose of changing its regi	istered office or regist	ered agent, or bot	h, in the State of Fl	orida. I am familiar with,	and accept
SIGNATURE	and title if applicable. (NOTE: Reg	gistered Agent signature requi	red when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.0	9. Election Campaign F Trust Fund Contribut		5.00 May Be dded to Fees			
10. OFFICERS AND	DIRECTORS	11.	ADDITIONS/	CHANGES TO OF	FICERS AND DIRECTOR	S IN 11
TITLE DP	☐ Delete	TITLE			(X) Change	Addition
NAME PIZANO, LUZ STREET ADDRESS 4151 RUTH ROAD		NAME STREET ADDRESS				
CITY-ST-ZIP LAKE WORTH, FL 33461		CITY-ST-ZIP		331	160	
TITLE SECRETARY	Defete	TITLE			☐ Change	☐ Addition
NAME PIZANO-GONZALEZ STREET ADDRESS 4151 RUTH ROAD	NUBERTO	NAME STREET ADDRESS				
CITY-ST-ZIP LAKE WORTH, FL 3	3460	CITY-ST-ZIP				
TITLE						
NAME .	☐ Delete	TITLE			☐ Change	Addition
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2. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 of if 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: A Sur promo	3/11/05	<u>561-436-84</u> 9
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #