2005 FOR PROFIT CORPORATION __ANNUAL REPORT

FILED Apr 28, 2005 08:00 AM Secretary of State

DOCUMENT # P01000016683 1. Entity Name BLOCK & COLUCCI, P.A. Principal Place of Business Mailing Address			Secretary of State				
1001 N US HWY ONI JUPITER, FL 33477	E, STE 400	1001 N US HWY ONE, STE 400 JUPITER, FL 33477)		s enret mert henri Henli Hen	rs marter richte wilde wither tween filtens st. im	ET!
 					, ==10: 11=1; ==11: ==1:- ==1		
DO	CE	04222005 4. FEI Numb 65-107		CR2E034 (10/03) Applied F Not Appl	icable		
2201°E d 32, 770			35	5. Certificate	of Status Desired	S8.75 Additional Fee Required	
LEITTEN, SCOT 1001 N US HWY JUPITER, FL 33	ONE, STE 400	egistered Agent			NOT W		
8. The above named the obligations of r		he purpose of changing its register	ed office or register	ed agent, or bo	oth, in the State of Flo	orida. I am familiar with, and ac	cept
SIGNATURE	typed or printed name of registered agent an	Natio II nonlingia	d Agent signature required	Author reineration)	<u> </u>	DATE	_ -
FILE NOV	VIII FEE IS \$150.00 2005 Fee will be \$550.0	9. Election Campaign Final	ncing \$5	.00 May Be led to Fees			
10.	OFFICERS AND D	RECTORS (-2			1100000	13384019	
NAME COLL STREET ADDRESS 1001	JCCI, ANTHONY J JR N US HWY ONE, STE 400 TER, FL 33477	<u>.</u>			04/28/05	80077-002 150.N	i i
STREET ADDRESS 1001	EN, SCOTT J N US HWY ONE, STE 400 FER, FL 33477	: 					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>	And the second s		NOT W		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u></u>		IN .	THIS SI	PACE	<u>u</u> : <u>p</u> ytilli wka
TITLE NAME STREET ADDRESS CITY-ST-ZIP							٠ سند بهر ي
TITLE NAME STREET ADDRESS						and the second s	

12. I hereby certify that the information supplied with this filling 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.

SIGNATURE:

GNA TORE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05 581.747.0110 Dayuma Phone #