## 2005 FOR PROFIT CORPORATION

**FILED** Apr 11, 2005 08:00 AM Secretary of State

954-755-4092 Caylime Phone #

ANNOAL REPORT								
DOCUMENT # F 1. Entity Name MARK J IANNANTUOI								
Principal Place of Business 11855 NW 53RD COURT CORAL SPRINGS, FL 33076	US	Mailing Address 11855 NW 53RD COURT CORAL SPRINGS, FL 33076	US					

SIGNATURE: / Kall - Marga Iannan furno
SIGNATURE: MALL - Marga Iannan furno

ULUKAN KATURA	K MEM EEM	i illika iran iira	L L <b>a</b> lle L <b>e</b> lland (41 Land)

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DO NOT WRITE IN THIS SRA		^E	01282005	No Chg-P		R2E034 (10/03)	
DO NOT WHITE IN THIS SPA							Applied For Not Applicable
		TE IN THIS SPACE  4. FEI Number 65-1083170  5. Certificate of Status Desired urrent Registered Agent  DO NOT WIN THIS SI  ment for the purpose of changing its registered office or registered agent, or both, in the State of Participation of the purpose of changing its registered Agent signature required when rehataling)  9. Election Campaign Financing Trust Fund Contribution.  SAND DIRECTORS  176			\$8.75 Additional Fee Required		
	6. Name and Address of Current Regis	tered Agent					
11855 NW	JONO, MARK J 53RD COURT PRINGS, FL 33076				-	-	
the obligat	named entity submits this statement for the plans of registered agent.	ourpose of changing its registere	ed office or registe	ered agent, or both	n, in the State of Flo	rida. I am	familiar with, and accept
SIGNATURE	Signature, typed or primed name of registered agent and title	if applicable. (NOTE Registere	d Agent signature require	ed when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00					·	
10.	OFFICERS AND DIREC	ÇTORS		·			
TITLE Name Street address City • St - Zip	D IANNANTUONO, MARK J 11855 NW 53RD COURT CORAL SPRINGS, FL 33076			- ··.	uooggc	129782	20
TITLE NAME STHEET ADDRESS CITY+ST-ZIP	D IANNANTUONO, MARGA 11856 NW 53RD COURT CORAL SPRINGS, FL 33076				U4/11/U5~ 	-13UU4.5	UU8 15U.UU
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RIT	E
TITLE NAME STREET ADDRESS DITY-ST-ZIP				IN T	'HIS SP	ACI	ened and and
TITLE NAME STREET ADDRESS CITY+ST+ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby of indicated of the corp changed,	pertify that the Information supplied with this fill on this report or supplemental report is true a poration of the receiver or trustee empowered or on an attachment with an acoress, with all	ing does not qualify for the exer and accurate and that my signat d to execute this report as requir other like empowered.	nption stated in Seure shall have the ed by Chapter 60	ection 119.07(3)(i) same legal effect 7, Florida Statutes	, Florida Statutes. I as if made under or ; and that my name	further cer ath; that I appears	rtify that the information am an officer or director n Block 10 or Block 11 if