

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000022312 1. Entity Name MICHAEL J. BELLIZZI, P.A.								04 JAN		M 9 12	
258 N.E. 27TH STREET			Mailing Address 258 N.E. 27TH STREET MIAMI, FL 33137			SECRET	ART OF ASSECT	STAIL FLORIDA	A CA		
Principal Place of Business 3.				Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			01142004	Chg-PSe(CH2EO	A (10/03)	
City & State			(City & State		4. FEI Number 65-0974239			_ 	oplied For ot Applicable	
Zip		Country	7	Zip	Coun	itry	5. Certificate	of Status Desired		\$8.75 Add Fee Require	ditional d
	6. Name	and Address of	Current Regis	tered Agent		Name	77. Name and	d Address of New F	Registered A	gent	
BELLIZZI, MICHAEL J 258 N.E. 27TH STREET MIAMI, FL 33137						Street Address (P.O. Box Number is Not Acceptable)					
1811/31811, T.E.	33137										
						City	•	,	FL	Zip Code	
8. The above the obligat	named entiti ions of regist	y submits this sta tered agent.	atement for the p	urpose of changing its	register	ed office or registe	ered agent, or bo	oth, in the State of Fi	orida. I am f	amiliar with,	and accept
SIGNATURE Signature, typed or pruned name of registered agent and title il applicable. (NOTE: Registered Agent signature required when reinstalling) DATE											
FIL After Ma	E NOW!!! ay 1, 2004	FEE IS \$150 4 Fee will be	0.00 \$550.00	9. Election Campa Trust Fund Cont			5.00 May Be ded to Fees				
10.		OFFICI	ERS AND DIREC		11.	············		/CHANGES TO OFF			S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	BELLIZZI, MICHAEL J 258 N.E. 27TH STREET STR					3.1	20 02/23	000292 1/0401071	2 498 005	₹¥150.	☐ Addition ☐
TITLE				☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	STR					E Et address - St-zip					
TITLE NAME	ì			☐ Delete	TITLE					☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS - ST-ZIP					
TITLE NAME				☐ Delete	TITLE NAMI	4				☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP					STRE	ET ADDRESS - St- Zip					
TITLE NAME				☐ Delete	TITLE Nami					☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP						et address - St-Zip					
TITLE NAME				☐ Delete	TITLE					Change	Addition
STREET ADDRESS CITY-ST-ZIP				•		ET ADDRESS -ST-ZIP					Ì
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 eath; 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Data Dayling Phone 4											



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Document Number P01000022312 **Business Entity Name** MICHAEL J. BELLIZZI, P.A.

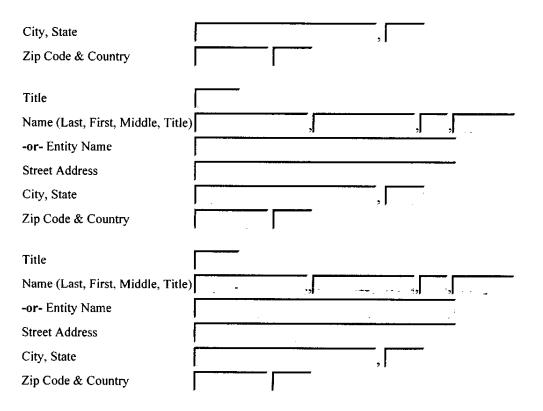
FEI Number	650974239									
FEI Number Status	C Applied For C Not Applicable Current									
Certificate of Status De										
n										
Principal Place of Business										
Address	258 N.E. 27TH STREET									
Suite, Apt. #, etc.										
City, State	MIAMI , FL									
Zip Code & Country										
•	•									
	Mailing Address									
Address	4421 SHERIDAN AVE									
Suite, Apt. #, etc.										
City, State	MIAMI BEACH , FL									
Zip Code & Country	33140									
3.										
	nd Address of Registered Agent									
Name (Last, First, Middle, Title)	BELLIZZI , MICHAEL , J ,									
-or- RA Business Name										
Address	4421 SHERIDAN AVE									
Suite, Apt. #, etc.										
City, State	MIAMI BEACH , FL									
Zip Code & Country	33140									

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its

Registered Agent Signature	
Registered Agent Signature	

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C List more than six Officers/Directors © No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

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Document Number
P01000022312
Business Entity Name
MICHAEL J. BELLIZZI, P.A.

Election Campaign Financing Trust Fund Contribution C Yes 6 No

Officer/Director Name And Address

Title MICHAEL Name (Last, First, Middle, Title) BELLIZZI -or- Entity Name Street Address 4421 SHERIDAN AVE , FL City, State MIAMI BEACH Zip Code & Country 33140 Title Name (Last, First, Middle, Title) -or- Entity Name Street Address City, State Zip Code & Country Title-Name (Last, First, Middle, Title) -or- Entity Name Street Address City, State Zip Code & Country Title Name (Last, First, Middle, Title) -or- Entity Name

Street Address