


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P01000055701 1. Entity Name ADVICE BUSINESS PRACTICE CORPORATION |  |
|---|---|

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|---|---|
| Principal Place of Business 100 MIAMI GARDENS RD. HOLLYWOOD, FL 33023 | Mailing Address 100 MIAMI GARDENS RD. HOLLYWOOD, FL 33023 |
|---|---|



01112005 No Chg-P CR2E034 (10/03)

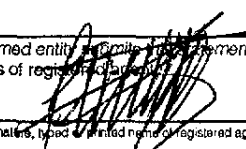
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| | |
|---|--|
| 4. FEI Number 98-0354339 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent
**LEVEILLE, THOMPSON
100 MIAMI GARDENS RD.
HOLLYWOOD, FL 33023**

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IN THIS SPACE**

8. The above named entity certifies its agreement 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.

SIGNATURE:  (NOTE: Registered Agent signature required when reissuing) DATE: **3-24-05**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

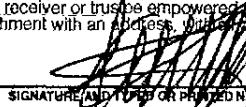
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD ESSIO, M. LEVEILLE 44 RUE DES NOYERS AUBERVILLIERS, FR 93300 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S EAGLE BUSINESS CORPORATION 34 MERRICK AVENUE MERRICK, NY 11566 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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03/31/05-80016-008 150.00

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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 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, which is like empowered.

SIGNATURE:  **3-24-05 9549932743**

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #