

**2004 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 19, 2004  
Secretary of State**

DOCUMENT# P01000056779

Entity Name: GIOVANNI MARZILLI & LAURA GIACALONE MARZILLI, P.A.

**Current Principal Place of Business:**

**New Principal Place of Business:**

1348 WASHINGTON AVENUE  
SUITE 173  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

**New Mailing Address:**

1348 WASHINGTON AVENUE  
SUITE 173  
MIAMI BEACH, FL 33139

FEI Number: 65-1111754      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MARZILLI, LAURA G  
1348 WASHINGTON AVENUE  
SUITE 173  
MIAMI BEACH, FL 33139 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MARZILLI, LAURA G  
Address: 1348 WASHINGTON AVENUE APT. 173  
City-St-Zip: MIAMI BEACH, FL 33139

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: MARZILLI, GIOVANNI  
Address: 1348 WASHINGTON AVE APT 173  
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GIOVANNIMARZILLI

VP

10/19/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date