


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90737 004 \*\*\*150.00

<b>DOCUMENT # P01000068890</b> 1. Entity Name NAPOLIELLO OF DOLPHIN II, INC.	
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Principal Place of Business 4104 AURIORA STREET CORAL GABLES, FL 33146	Mailing Address 4104 AURIORA STREET CORAL GABLES, FL 33146
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2. Principal Place of Business 4104 AURORA STREET Suite, Apt. #, etc.	3. Mailing Address 4104 AURORA STREET Suite, Apt. #, etc.
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City & State CORAL GABLES, FL	City & State CORAL GABLES, FL
Zip 33146	Country USA
Zip 33146	Country USA

44031597



01072004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1120620	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent YEUNG, HING Y 4104 AURIORA STREET CORAL GABLES, FL 33146	7. Name and Address of New Registered Agent Name YEUNG, HING-YU Street Address (P.O. Box Number is Not Acceptable) 4104 AURORA STREET City CORAL GABLES FL Zip Code 33146
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8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: HING-YU YEUNG Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE D NAME NAPOLIELLO, ANTHONY STREET ADDRESS 4104 AURIORA STREET CITY-ST-ZIP CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE D NAME Napoliello, Anthony STREET ADDRESS 4104 Aurora Street CITY-ST-ZIP Coral Gables, FL 33146 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE:  ANTHONY NAPOLIELLO 4-14-4 786-897-2176 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
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