

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000049977

FILED
Apr 28, 2006
Secretary of State

Entity Name: LANCIANI OF BOCA RATON, INC.

Current Principal Place of Business:

TOWN CENTER, 6000 W. GLADES RD., #1232
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

38 EAST 57TH STREET
10TH FLOOR
NEW YORK, NY 10022

New Mailing Address:

FEI Number: 03-0461191

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IAVARONE, RICCARDO
C/O LANCIANI
TOWN CENTER, 6000 W. GLADES RD., #1232
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: IAVARONE, GIANFRANCO
Address: 341 ORIENTA AVE
City-St-Zip: MAMARONECK, NY 10543

Title: PD () Delete
Name: IAVARONE, RITA
Address: 341 ORENTA AVE
City-St-Zip: MAMARONECK, NY 10543

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: GIANFRANCO IAVARONE

STD

04/28/2006

Electronic Signature of Signing Officer or Director

_____ Date