

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90052 011 \*\*\*150.00

DOCUMENT # P02000055335	
1. Entity Name ROTELLI MISSION BAY, INC.	



Principal Place of Business <del>9045 LA FONTANA BLVD #B-1</del> <del>BOCA RATON, FL 33434</del>	Mailing Address <del>9045 LA FONTANA BLVD #B-1</del> <del>BOCA RATON, FL 33434</del>
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2. Principal Place of Business <u>20449 STATE ROAD 7</u>	3. Mailing Address <u>4611 JOHNSON ROAD</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <u>BOCA RATON, FL</u>	City & State <u>COCONUT CREEK</u>
Zip <u>33498</u>	Zip <u>33073</u>
Country <u>USA</u>	Country <u>USA</u>

02212005



6. Name and Address of Current Registered Agent  BILOTTI, JOESPH <del>9045 LA FONTANA BLVD #B-1</del> <del>BOCA RATON, FL 33434</del>	
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7. Name and Address of New Registered Agent Name <u>BILOTTI, JOSEPH</u> Street Address (P.O. Box Number is Not Acceptable) <u>4611 JOHNSON ROAD SE 1</u> City <u>COCONUT CREEK</u> FL Zip Code <u>33073</u>	
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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 [Signature] (NOTE: Registered Agent signature required when reinstating) DATE 3-15-05

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BILOTTI, JOESPH 4611 JOHNSON RD # 1 COCONUT CREEK, FL 33073 <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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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: [Signature] DATE 3-15-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR