## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000064304

Entity Name: WILLIAM J. IANNARELLI, INC.

FILED Apr 30, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

45 NW 103 STREET 5601 ALTON ROAD

#5 MIAMI BEACH, FL 33140 MIAMI, FL 331509

Current Mailing Address: New Mailing Address:

PO BOX 531188 PO BOX 531188 #5 MIAMI, FL 33153

#5 MIAMI, FL 33153

FEI Number: 03-0459155 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:

IANNARELLI, WILLIAM J
45 NW 103 STREET
5601 ALTON ROAD
#5 MIAMI, FL 33150

IANNARELLI, WILLIAM J
5601 ALTON ROAD
MIAMI BEACH, FL 33140

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: 04/30/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 P (X) Change () Addition

 Name:
 IANNARELLI, WILLIAM J
 Name:
 IANNARELLI, WILLIAM, JR. J PRES

 Address:
 45 NW 103 STREET
 Address:
 5601 ALTON ROAD

 City-St-Zip:
 MIAMI, FL 33150
 City-St-Zip:
 MIAMI BEACH, FL 33140

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: WILLIAM J. IANNARELLI, JR. PRES 04/30/2004