

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90137 027 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                  |                                                                    |                                                                                                                                                                                                                         |                                                                                          |                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <b>DOCUMENT # P02000064304</b><br>1. Entity Name<br>WILLIAM J. IANNARELLI, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                  |                                                                    |                                                                                                                                                                                                                         |                                                                                          |                                                                                    |
| Principal Place of Business<br>5601 ALTON ROAD<br>MIAMI BEACH, FL 33140                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                  |                                                                    | Mailing Address<br>PO BOX 531188<br>MIAMI FL 33153                                                                                                                                                                      |                                                                                          |                                                                                    |
| 2. Principal Place of Business<br>1111 TEQUESTA ST<br>Suite, Apt. #, etc.<br>5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                  | 3. Mailing Address<br>1111 TEQUESTA ST<br>Suite, Apt. #, etc.<br>5 |                                                                                                                                                                                                                         |                                                                                          |                                                                                    |
| City & State<br>FT LAUDERDALE FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                  | City & State<br>FORT LAUDERDALE FL                                 |                                                                                                                                                                                                                         | 4. FEI Number<br>03-0459155                                                              |                                                                                    |
| Zip<br>33312                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                  | Country<br>USA                                                     |                                                                                                                                                                                                                         | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                                                                                    |
| 6. Name and Address of Current Registered Agent<br><br>IANNARELLI, WILLIAM J<br>5601 ALTON ROAD<br>MIAMI BEACH, FL 33140                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                  |                                                                    | 7. Name and Address of New Registered Agent<br>Name IANNARELLI WILLIAM J, JR.<br>Street Address (P.O. Box Number is Not Acceptable) 1111 TEQUESTA ST<br>Suite, Apt. #, etc. 5<br>City FORT LAUDERDALE FL Zip Code 33312 |                                                                                          |                                                                                    |
| 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.<br>SIGNATURE  DATE 04/28/05<br><small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                             |                                                                                  |                                                                    |                                                                                                                                                                                                                         |                                                                                          |                                                                                    |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                  |                                                                    | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                                                                                                            |                                                                                          |                                                                                    |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                  |                                                                    | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                   |                                                                                          |                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | P<br>IANNARELLI, WILLIAM, JR. J PRES<br>5601 ALTON ROAD<br>MIAMI BEACH, FL 33140 | <input type="checkbox"/> Delete                                    |                                                                                                                                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                           | IANNARELLI, WILLIAM J, JR.<br>1111 TEQUESTA ST #5 J. JR.<br>FT LAUDERDALE FL 33312 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                  | <input type="checkbox"/> Delete                                    |                                                                                                                                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                  | <input type="checkbox"/> Delete                                    |                                                                                                                                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                  | <input type="checkbox"/> Delete                                    |                                                                                                                                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                  | <input type="checkbox"/> Delete                                    |                                                                                                                                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                  | <input type="checkbox"/> Delete                                    |                                                                                                                                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                  |                                                                    | 04/28/05 9545275999<br><small>Date Daytime Phone #</small>                                                                                                                                                              |                                                                                          |                                                                                    |