

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000120160

1. Entity Name
MANAGEMENT ASSISTANCE CORP.



Principal Place of Business
3178 LA MIRAGE DRIVE
LAUDERHILL, FL 33319

Mailing Address
3178 LA MIRAGE DRIVE
LAUDERHILL, FL 33319



07052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1657140
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BALLETTA, JAMES
3178 LA MIRAGE DRIVE
LAUDERHILL, FL 33319

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BALLETTA, JAMES
3178 LA MIRAGE DRIVE
FORT LAUDERDALE, FL 33318

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U000000372463
07/13/05-80001-025 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

- JAMES E. BALLETTA, PRES -

954 746-4997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #