
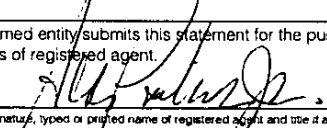



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-28-2005 90204 003 \*\*\*150.00

<b>DOCUMENT # P02000127246</b> 1. Entity Name <b>AMICUS DEVELOPMENT CORPORATION</b>					
Principal Place of Business <b>2100 WEST 76TH STREET SUITE 510 HIALEAH, FL 33016</b>			Mailing Address <b>PO BOX 661272 MIAMI SPRINGS, FL 33266-1272</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04262005    Chg-P    CR2E034 (10/03)	
4. FEI Number <b>20-1140351</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BARTOLONE, ALDO G JR 100 SE 3RD AVE SUITE #1100 FORT LAUDERDALE, FL 33394</b>			Name <b>SAME</b> Street Address (P.O. Box Number is Not Acceptable) <b>111 N. ORANGE AVE SUITE 1750 ORLANDO FL 32801</b>		
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  DATE <b>4/20/2005</b> <small>Signature typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO BARTOLONE, VICTORIA 2100 WEST 76TH STREET SUITE 510 HIALEAH, FL 33016</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BARTOLONE, ALDO 2100 WEST 76TH STREET SUITE 510 HIALEAH, FL 33016</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 life empowered.					
SIGNATURE:  DATE <b>4/26/05</b> DAYTIME PHONE # <b>305-799-8001</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

**VICTORIA BARTOLONE**