

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000135186

1. Entity Name
GENNARO & COMPANY OF SOUTH FLORIDA, INC.



Principal Place of Business
**6574 HYPOLUXO ROAD
 LAKE WORTH, FL 33467**

Mailing Address
**6574 HYPOLUXO ROAD
 LAKE WORTH, FL 33467**

DO NOT WRITE IN THIS SPACE



01242006 No Chg-P CR2E034 (11/05)

4. FEI Number **61-1433703** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CASSARA, NIKKI
 5650 NW 74TH PLACE
 APT 304
 COCONUT CREEK, FL 33073**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CASSARA, NIKKI
STREET ADDRESS	5650 NW 74TH PLACE APT 304
CITY-ST-ZIP	COCONUT CREEK, FL 33073
TITLE	D
NAME	GENNARO, JOSEPH
STREET ADDRESS	1120 EUCLID AVENUE APT 15
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	D
NAME	CASSARA, WILLIAM
STREET ADDRESS	9570 OHIO PLACE
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	D
NAME	CASSARA, ANDREW
STREET ADDRESS	14040 FURMAN AVENUE
CITY-ST-ZIP	ORLANDO, FL 32826
TITLE	S
NAME	GENNARO, ANGELO
STREET ADDRESS	730 THIRD STREET
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	V
NAME	GENNARO, THOMAS
STREET ADDRESS	730 THIRD STREET
CITY-ST-ZIP	MIAMI BEACH, FL 33139

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 02/18/06-80011-008 150.00

**DO NOT WRITE
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/2/06** 561-964-2284
 Dryline Phone #