FILED 2006 FOR PROFIT CORPORATION May 03, 2006 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P03000011667 MANCUSO & LORD OF MIAMI, INC. Principal Place of Business Mailing Address 1717 NORTH BAYSHORE DR., STE. 200 1717 NORTH BAYSHORE DR., STE. 200 MIAMI, FL 33132 MIAMI, FL 33132 No Chg-P CR2E034 (11/05) 04242006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0513676 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MANCUSO, MASSIMO DO NOT WRITE 1717 NORTH BAYSHORE DR., STE. 200 MIAMI, FL 33132 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 little if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **PVSD** TATLE MANCUSO, MASSIMO NAME 1717 NORTH BAYSHORE DR., STE. 200 STREET ADDRESS CITY-\$T-ZIP MIAMI, FL 33132 U00000561163 05/19/06-80003-015 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with his 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 trusted employered 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.

Daytime Phone #

PRINTED NAME OF SURRING OFFICER OR DIRECTOR

CITY-ST-ZIP

SIGNATURE:

SIGNATURE A