


Sent By: Torrillo & Associates, Inc.; 954 726 0913;

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FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90095 021 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

| | | | |
|---|---|---|---|
| DOCUMENT # P03000016105 | |  | |
| 1. Entity Name CAMILLE GERMI, P.A. | | | |
| Principal Place of Business 844 HARRISON STREET HOLLYWOOD, FL 33019 | | Mailing Address 844 HARRISON STREET HOLLYWOOD, FL 33019 | |
| 2. Principal Place of Business 1731 NE 7 TERRACE Suite, Apt. #, etc. | | 3. Mailing Address 1731 NE 7 TERR Suite, Apt. #, etc. | |
| City & State FORT LAUDERDALE FL | | City & State FORT LAUDERDALE FL | |
| Zip 33305 Country USA | | Zip 33305 Country USA | |
| 4. FEI Number 56-2318899 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GERMI, CAMILLE 844 HARRISON STREET HOLLYWOOD, FL 33019 | | 7. Name and Address of New Registered Agent Name GERMI, CAMILLE Street Address (P.O. Box Number is Not Acceptable) 1731 NE 7 TERRACE City FORT LAUDERDALE FL Zip Code 33305 | |
| 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 _____ <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GERMI, CAMILLE 844 HARRISON STREET HOLLYWOOD, FL 33019 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GERMI, CAMILLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1731 NE 7 TERRACE FORT LAUDERDALE FL 33305 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date 5/5/05 Daytime Phone # _____ | |