


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR) 4**

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90064 002 \*\*\*150.00

<b>DOCUMENT # P03000017441</b>					
1. Entity Name <b>AZZURRI PROPERTY HOLDINGS, INC.</b>					
Principal Place of Business <b>1798 AGORA CIR SE #2 PALM BAY FL</b>			Mailing Address <b>1798 AGORA CIR SE #2 PALM BAY FL</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>30-017010</b>	Applied For <b>AP-PLIED FOR</b>
				Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				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>BADALAMENTI, LEO 1798 AGORA CIR SE #2 PALM BAY FL</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State <b>FL</b> Zip Code		
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 re-registering) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing <b>\$5.00</b> May Be Trust Fund Contribution <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BADALAMENTI, LEO</b>		NAME		
STREET ADDRESS	<b>1798 AGORA CIR SE #2</b>		STREET ADDRESS		
CITY- ST- ZIP	<b>PALM BAY FL</b>		CITY- ST- ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BADALAMENTI, ROSE</b>		NAME		
STREET ADDRESS	<b>1798 AGORA CIR SE #2</b>		STREET ADDRESS		
CITY- ST- ZIP	<b>PALM BAY FL</b>		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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: <i>K. Badalamenti</i>			Date: <i>2/16/05</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

**FTD ADDRESS CHANGE**

Employer Identification Number (EIN)

OMB No. 1545-0257

An address change here changes your address on the FTD coupons only.

30-0170105 021412 3 2

**ATTACHMENT**

17  
AZZURRI PROPERTY HOLDINGS INC  
1798 AGORA CIR SE 2  
PALM BAY FL 32909-3911

New Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Number ( ) \_\_\_\_\_

Do not write beyond this line

INTERNAL REVENUE SERVICE CENTER  
CINCINNATI, OH 45999

Send FTD Address Change and correspondence to the IRS address above.

m 8109-C (Rev. 12-2002)

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