

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000030670

FILED
Jul 08, 2004
Secretary of State

Entity Name: KIMBERLY JOY CASTELLOTTI, PA

Current Principal Place of Business:

5300 NW 33RD AVE, STE 117
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

5300 NW 33RD AVE, STE 117
FORT LAUDERDALE, FL 33309

New Mailing Address:

11789 WINDSOR BAY PLACE
WELLINGTON, FL 33467

FEI Number: 48-1305805

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SERCHAY, ALLAN
5300 NW 33RD AVE, STE 117
FORT LAUDERDALE, FL 33309

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CASTELLOTTI, KIMBERLY J
Address: 109 WATERVIEW WAY
City-St-Zip: ROYAL PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CASTELLOTTI, KIMBERLY J
Address: 11789 WINDSOR BAY PLACE
City-St-Zip: WELLINGTON, FL 33467

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY JOY CASTELLOTTI

D

07/08/2004

Electronic Signature of Signing Officer or Director

Date