



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90080 011 ***150.00

DOCUMENT # P03000130011 1. Entity Name A.R. CIOFFI CONSULTING, INC.					
Principal Place of Business 1000 N.W. 65TH STREET SUITE 200 FORT LAUDERDALE, FL 33309			Mailing Address 1000 N.W. 65TH STREET SUITE 200 FORT LAUDERDALE, FL 33309		
2. Principal Place of Business 2950 W Cypress Creek Rd. Suite, Apt. #, etc. 102 City & State Ft Lauderdale, FL Zip 33309		3. Mailing Address 2950 W Cypress Creek Rd Suite, Apt. #, etc. 102 City & State Ft Lauderdale, FL Zip 33309			
Country Brôward		Country USA		4. FEI Number 20-0382703 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03072005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent CIOFFI, ALBERT R 1000 N.W. 65TH STREET SUITE 200 FORT LAUDERDALE, FL 33309			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2950 W Cypress Creek Rd Suite 102 Suite 102 City Ft Lauderdale FL Zip Code 33309		
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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIOFFI, ALBERT R <input type="checkbox"/> Delete 1000 N.W. 65TH STREET SUITE 200 FORT LAUDERDALE, FL 33309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2950 W Cypress Creek Rd <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Suite 102 Ft Lauderdale FL 33309	
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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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	
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: <u>Albert R. Cioffi</u> (ALBERT R. CIOFFI)			3-15-05		954-545-6070
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>