


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 08, 2005 8:00 am
Secretary of State

05-03-2005 90158 018 ***150.00

DOCUMENT # P04000015963 1. Entity Name MICHAEL MONTALDI, INC.																																					
Principal Place of Business 6096 NW 24TH STREET BOCA RATON FL 33434			Mailing Address 6096 NW 24TH STREET BOCA RATON FL 33434																																		
2. Principal Place of Business <i>7121 Mallorca Crescent</i>		3. Mailing Address <i>7121 Mallorca Crescent</i>																																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																			
City & State <i>Boca Raton Fla</i>		City & State <i>Boca Raton Fla</i>		4. FEI Number 52-2448775																																	
Zip <i>33433</i>		Country <i>US</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent SUMMER, DONALD L <i>7121 Mallorca Crescent</i> 6096 NW 24TH STREET BOCA RATON FL 33434			7. Name and Address of New Registered Agent Name <i>Donald L Summer</i> Street Address (P.O. Box Number is Not Acceptable) <i>7121 Mallorca Crescent</i> <i>Boca Raton</i> City FL Zip Code <i>33433</i>																																		
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 <i>Donald L Summer</i> DATE <i>2/2/05</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																		
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">P</td> <td style="width:30%;">SUMMER, DONALD L</td> <td style="width:10%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td><i>7121 Mallorca Crescent</i></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td><i>6096 NW 24TH STREET</i></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td><i>BOCA RATON FL 33434</i></td> <td></td> </tr> </table>			TITLE	P	SUMMER, DONALD L	<input type="checkbox"/> Delete	NAME		<i>7121 Mallorca Crescent</i>		STREET ADDRESS		<i>6096 NW 24TH STREET</i>		CITY-STATE-ZIP		<i>BOCA RATON FL 33434</i>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">Pres</td> <td style="width:30%;">Donald L Summer</td> <td style="width:10%;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><i>7121 Mallorca Crescent</i></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td><i>Boca Raton Fla</i></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td><i>33433</i></td> <td></td> </tr> </table>			TITLE	Pres	Donald L Summer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		<i>7121 Mallorca Crescent</i>		STREET ADDRESS		<i>Boca Raton Fla</i>		CITY-STATE-ZIP		<i>33433</i>	
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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 to this address, with all other like empowered.																																					
SIGNATURE: <i>Donald L Summer</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>2/2/05</i> Daytime Phone # <i>561-350-7199</i>																																		