

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90272 006 ***150.00

DOCUMENT # P04000022091

1. Entity Name

THE FIORETTI GROUP, INC.



Principal Place of Business

Mailing Address

~~6830 NW 73RD ST
PARKLAND FL 33067~~

~~6830 NW 73RD ST
PARKLAND FL 33067~~

10766 OAK Meadow Ln.
LAKE WORTH FL 33467

10766 OAK Meadow Ln.
LAKE WORTH FL 33467

2. Principal Place of Business

3. Mailing Address

10766 OAK Meadow Ln.

10766 OAK Meadow Ln.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/05)

City & State

LAKE WORTH FL.

City & State

LAKE WORTH FL.

4. FEI Number

20-0684574

Applied For
Not Applicable

Zip
33467

Country
Palm Bch

Zip
33467

Country
Palm Bch

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FIORETTI, JOHN
6830 NW 73RD ST
PARKLAND FL 33067

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete

NAME FIORETTI, JOHN
STREET ADDRESS 6830 NW 73RD ST
CITY-ST-ZIP PARKLAND FL 33067

TITLE VP ☐ Delete

NAME FIORETTI, LESLI A
STREET ADDRESS 6830 NW 73RD ST
CITY-ST-ZIP PARKLAND FL 33067

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/17/06

561-964-3375