

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2005 8:00 am**  
**Secretary of State**

01-19-2005 90008 035 \*\*\*150.00

**DOCUMENT # P04000023749**

1. Entity Name  
**CAMPOMARZIO CORP.**



Principal Place of Business  
**2875 NE 191ST ST., 801  
AVENTURA, FL 33180**

Mailing Address  
**2875 NE 191ST ST., 801  
AVENTURA, FL 33180**

**50003709**



01102005 Chg-P CR2E034 (10/03)

4. FEI Number **20 213 3114** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SERBER, DANIEL J  
2875 NE 191ST ST., 801  
AVENTURA, FL 33180**

**7. Name and Address of New Registered Agent**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

|                |                               |  |
|----------------|-------------------------------|--|
| TITLE          | <b>D</b>                      | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>DELFABRO, MARIA C</b>      |  |
| STREET ADDRESS | <b>2875 NE 191ST ST., 801</b> |  |
| CITY-ST-ZIP    | <b>AVENTURA, FL 33180</b>     |  |
| TITLE          | <b>D</b>                      | <input type="checkbox"/> Delete            |
| NAME           | <b>MANGIONE, CARLOS P</b>     |  |
| STREET ADDRESS | <b>2875 NE 191ST ST., 801</b> |  |
| CITY-ST-ZIP    | <b>AVENTURA, FL 33180</b>     |  |
| TITLE          |                               | <input type="checkbox"/> Delete            |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |
| TITLE          |                               | <input type="checkbox"/> Delete            |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |
| TITLE          |                               | <input type="checkbox"/> Delete            |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |
| TITLE          |                               | <input type="checkbox"/> Delete            |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |  |  |
|----------------|--|--|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |  |
| STREET ADDRESS |  |  |
| CITY-ST-ZIP    |  |  |
| TITLE          |  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |  |
| STREET ADDRESS |  |  |
| CITY-ST-ZIP    |  |  |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |  |
| STREET ADDRESS |  |  |
| CITY-ST-ZIP    |  |  |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |  |
| STREET ADDRESS |  |  |
| CITY-ST-ZIP    |  |  |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |  |
| STREET ADDRESS |  |  |
| 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

**1/13/05 305/932-6262**  
Date Daytime Phone #