


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 11, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90179 003 \*\*\*150.00

<b>DOCUMENT # P04000027552</b> 1. Entity Name <b>MICHAEL IACINO P.A.</b>					
Principal Place of Business <b>2251 NE 53 ST FT LAUDERDALE, FL 33308</b>			Mailing Address <b>2251 NE 53 ST FT LAUDERDALE, FL 33308</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-0742190</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ADAMS, MAX</b> <b>ONE ALHAMBRA PLAZA STE 100</b> <b>CORAL GABLES, FL 33134</b>			7. Name and Address of New Registered Agent  <b>Gerald Adams</b> <b>113 N. Federal Hwy.</b> <b>Dania Beach, FL 33004</b>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D IACINO, MICHAEL</b> <b>2251 NE 53 ST</b> <b>FT LAUDERDALE, FL 33308</b>		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	
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	
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.					
<b>SIGNATURE:</b> _____			<b>APR 28 2005</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

# ATTACHMENT

August 8, 2005

To: Gary Blanenbaker

From: Michael Iacino

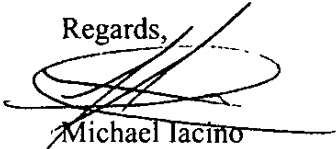
Re: Blue Sand Design Group Federal ID # : 04-3620207

Dear Gary,

This letter is to advise that I have never received any paperwork from the state regarding my 2005 Profit report sent prior to May 1, 2005. Can you please have it sent to my home address of 2251 N.E. 53 St. Ft. Lauderdale, FL 33308 so I may have it completed and sent back A.S.A.P. Again, I think there may be the incorrect contact name and address on the form which would explain why I never received it.

I am graciously requesting that any and all late fees to please be waived as the first request prior to May 1<sup>st</sup> was not received.

Regards,

  
Michael Iacino  
954.410.3463

# ATTACHMENT

August 8, 2005

To: Gary Blanenbaker

From: Michael Iacino

Re: Michael Iacino, PA Federal ID: 200742190 Letter # 005A00048929

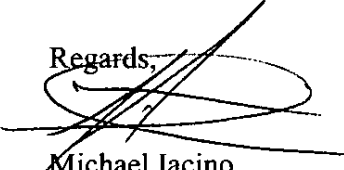
*Ref. # P04000027552*

Dear Gary,

Thank You for re-sending that attached Annual Report form that was missing my Federal ID #. I think I know why I never received the first report. My new agent (see attached form) was not identified on this report and I never heard from they old agent that he received my form, so this hopefully explains the delay in filling out the error and sending.

As stated earlier, I never received this form dated May 22, 2005 requesting my Federal ID number. Once I received a card stating my corporation was going to be dissolved I found out this form was missing and called your office about 2 weeks ago. You were kind enough to let me know that my original form was never received. Due to the confusion, I am graciously requesting that any and all late fees to please be waived as I am submitting the requested information.

Regards,

  
Michael Iacino  
954.410.3463