

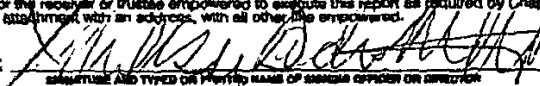
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MARK D I

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90482 022 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000052162			
1. Entity Name MELISSA VIDRO, P.A.			
Principal Place of Business 4888 LAVENDER CIRCLE WESTON, FL 33327		Mailing Address 1080 LAVENDER CIRCLE WESTON, FL 33327	
2. Principal Place of Business 556 Live Oak Lane		3. Mailing Address 556 Live Oak Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City, State Weston FL		City, State Weston FL	
Zip 33327		Zip 33327	
Country		Country	
4. FEI Number 20-0914989		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WARSHAVER, MARK D 1840 TOWN CENTER CIRCLE SUITE 216 WESTON, FL 33326		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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 _____ DATE _____			
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when appointing)			
FILE MONTHLY FEE IS \$150.00 After May 1, 2005 Fee will be \$500.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	P VIDRO-MASNICK, MELISSA 1080 LAVENDER CIRCLE WESTON, FL 33327	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ 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 file employees.			
SIGNATURE: 		4/28/05 954-557-5089	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR		Date	