2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000059269

Entity Name: ANGELA FELICE PA

FILED Apr 26, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2860 NE 14 ST CAUSEWAY 416 NE 24 AAVENUE

D305 POMPANO BEACH, FL 33062

POMPANO BEACH, FL 33062

Current Mailing Address: New Mailing Address:

2860 NE 14 ST CAUSEWAY 7041 W. COMMERCIAL BLVD. D305 STE 6A

POMPANO BEACH, FL 33062 FORT LAUDERDALE, FL 33319

FEI Number: 20-0972942 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KOZLOSKI, SUSAN
900 E ATLANTIC BLVD.
STE 17

KOZLOSKI, SUSAN
7041 W. COMMERCIAL BLVD.
STE 6A

POMPANO BEACH, FL 33060 US FORT LAUDERDALE, FL 33319 US

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.

SIGNATURE: SUSAN KOZLOSKI 04/26/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name: FELICE, ANGELA Name: FELICE, ANGELA
Address: 2860 NE 14 ST CSWY., D305 Address: 416 NE 24 AVENUE

City-St-Zip: POMPANO BEACH, FL 33062 City-St-Zip: POMPANO BEACH, FL 33062

 $\label{eq:title: S,T (X) Change () Addition} \begin{tabular}{ll} Title: & S,T & (X) Change () Addition \\ \end{tabular}$

 Name:
 FELICE, ANGELA
 Name:
 FELICE, ANGELA

 Address:
 2860 NE 14 ST CSWY., D305
 Address:
 416 NE 24 AVENUE

 City-St-Zip:
 POMPANO BEACH, FL 33062
 City-St-Zip:
 POMPANO BEACH, FL 33062

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELA FELICE PRES 04/26/2005