


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR).

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90044 011 ***150.00

DOCUMENT # P04000060270	
1. Entity Name TY GACIALA, P.A.	

Principal Place of Business 2840 NE 14 STREET CAUSEWAY 206 POMPANO BEACH FL 33062	Mailing Address 2840 NE 14 STREET CAUSEWAY 206 POMPANO BEACH FL 33062
--	--



2. Principal Place of Business 1318 SE 5 ST Suite, Apt. #, etc.	3. Mailing Address 1318 SE 5 ST Suite, Apt. #, etc.
---	---

1st MOORE CR2E034 (10/04)

City & State DEERFIELD BEACH FL	City & State DEERFIELD BEACH FL	4. FEI Number 20-0975738	Applied For Not Applicable
Zip 33441	Country US	Zip 33441	Country US

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent GACIALA, TYRONE 2840 NE 14 STREET 206 POMPANO BEACH FL 33062	
--	--

7. Name and Address of New Registered Agent Name GACIALA TYRONE Street Address (P.O. Box Number is Not Acceptable) 1318 SE 5 ST City DEERFIELD BEACH FL Zip Code 33441	
--	--

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 GACIALA, TYRONE 2840 NE 14 STREET #206 POMPANO BEACH FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GACIALA TYRONE 1318 SE 5 ST DEERFIELD BEACH FL 33441 <input checked="" 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.

SIGNATURE:  3/1/05 954-554-9989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #