

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90084 037 ***150.00

DOCUMENT # P04000070844 1. Entity Name EVELYN GRASSO, P.A.					
Principal Place of Business 1851 MAYTOWN RD OAKHILL, FL 32759			Mailing Address 1851 MAYTOWN RD OAKHILL, FL 32759		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number 41-2136401			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GRASSO, EVE 1851 MAYTOWN RD OAKHILL, FL 32759			7. Name and Address of New Registered Agent Name Spiegel & Utrera, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 Coral Way, 4th Floor City Miami		
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, Spiegel & Utrera, P.A.			Zip Code 33145		
SIGNATURE <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			DATE 1/24/05		
FILE NOW!!! FEE IS \$150.00 After May-1, 2005 Fee will be \$550.00			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	D GRASSO, EVE 1851 MAYTOWN RD OAKHILL, FL 32759	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRASSO, VINCENT C 1851 MAYTOWN RD OAKHILL, FL 32759	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: Eve Grasso <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			PRESIDENT EVE GRASSO <small>DATE</small>		
			01/17/05 <small>Daytime Phone #</small>		
			386-405-4732		