

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90155 044 \*\*\*150.00

**DOCUMENT # P04000080515**

1. Entity Name

HANDS DOWN ENTERTAINMENT, INC.



Principal Place of Business

10869 MADISON DRIVE  
BOYNTON BEACH FL 33473

Mailing Address

10869 MADISON DRIVE  
BOYNTON BEACH FL 33473



2. Principal Place of Business

10869 Madison drive

Suite, Apt. #, etc.

3. Mailing Address

10869 Madison drive

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Boynton beach, Florida

City & State

Boynton beach, Florida

4. FEI Number

NO-T APPLICABLE

Applied For

☒ Not Applicable

Zip

33437

Country

U.S.A.

Zip

33437

Country

U.S.A.

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PITARRESI, THOMAS  
10869 MADISON DRIVE  
BOYNTON BEACH FL 33473

zip code  
incorrect

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

33437

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PS ☐ Delete  
NAME BURGOS, CHRISTIAN  
STREET ADDRESS 5910 NW PARADISE PLACE  
CITY-ST-ZIP TAMARAC FL 33321

TITLE VT ☐ Delete  
NAME PITARRESI, THOMAS  
STREET ADDRESS 10869 MADISON DRIVE  
CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Thomas Pitarresi, THOMAS PITARRESI

3-29-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #