

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2005 8:00 am
Secretary of State

03-04-2005 90086 028 ***150.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # P04000085228
 1. Entity Name
ANALIA N. PARRATTA, PT, PA



Principal Place of Business Mailing Address
 22108 BOCA PLACE DR 22108 BOCA PLACE DR
 APT # 1313 APT # 1313
 BOCA RATON FL 33433 BOCA RATON FL 33433

2. Principal Place of Business 3. Mailing Address
342 SE CALMOSO DR **342 SE CALMOSO DR**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Port Saint Lucie **Port Saint Lucie**
 Zip Country Zip Country
34983 **St. Lucie** **34983** **St. Lucie**

4. FEI Number Applied For
77-0626520 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PARRATTA, ANALIA N
22108 BOCA PLACE DR
APT # 1313
BOCA RATON FL 33433

7. Name and Address of New Registered Agent
 Name **ANALIA N. PARROTTA**
 Street Address (P.O. Box Number is Not Acceptable)
342 SE CALMOSO DRIVE
PORT SAINT LUCIE
 City **FL** **FL** Zip Code **34983**

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 **2/28/05**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 \$5.00 May Be Added to Fees
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	PARRATTA	<input type="checkbox"/> Delete
NAME	PARRATTA, ANALIA N	
STREET ADDRESS	22108 BOCA PLACE DR APT # 1313	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARROTTA, ANALIA N	
STREET ADDRESS	342 SE CALMOSO DRIVE	
CITY-ST-ZIP	PORT ST LUCIE FL 34983	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____ DATE **2/28/05** (561) 251-1053
Signature and typed or printed name of signing officer or director Daytime Phone #