2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)					Jan 25, 2006 08:00 AM
DOCUMENT # P04000127128 1. Entity Name					Secretary of State
STEVE RUSSI INC					
Principal Place of Business		Mailing Address			
PO BOX 180866		PO BOX 180856			
TALLAHASSEE FL 32318		TALLAHASSEE FL 32318			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc			1st MOORE CR2E034 (10/05)
City & State		City & State			4. FEI Number 20-1592247 Applied For Not Applied.
Zip Country		Zip	Zip Country		5. Certificate of Status Desired
	6. Name and Address of	Current Registered Agent			7. Name and Address of New Registered Agent
BENFIELD, RON 58 SIOUX CIR HAVANA FL 32333				Name	_
				Street Address	(P.O. Box Number is Not Acceptable)
				City	FL Zip Code
R The above gamed entity submits this sta		the the number of changing its	renistere	}	· · · · · · · · · · · · · · · · · · ·
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 Grandwise, typend on printern name of registered aparts and high of applicable. (NOTE Registered Agent signature recovered when counstailing) DATE					
10.	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	RS AND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	P	☐ Delote	TITLE	i	☐ Change ☐ Addition
NAME STREET ADDRESS	RUSSI, STEVE PO BOX 180866		naime Strei	ET ADDRESS	U00000400934 02/02/06-80025-022 150 .0 0
City-St-Zip	TALLAHASSEE FL 32318			-ST-ZIP	
TITLE NAME	V PINES BIOLIAGO	□ Delole	TITLE	5	☐ Change ☐ Addition
STREET ADDRESS	GRINER, RICHARD PO BOX 180866	-		ET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32318	<u></u>		-ST-ZIP	
FITLE NAME		□ Octobe	TITLE READIS	1	Change Addition
STREET ADDRESS			1 1	ET ADORESS	
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CITY-ST-ZIP		☐ Delete	TITLE	-ST-ZIP	☐ Change ☐ Addition
NAME		C paraid	HAM	<u> </u>	
STREET ADDRESS				ET ADDRESS -ST-20P	
SITY-ST-ZIP		Delete	1811.8		Change Addition
NAME		□ ¢elete	NAMI		E overige E manuf
STREET ADDRESS			2	ET ADDRESS	
CITY-ST-ZIP	portify that the leformation and	project with this filling does not avoid.	for the ev	-ST-219	ed in Section 119 Florida Stabites further certily that the information
12. I hereby certify that the information supplied with this filling 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 path, that I am an officer or director of the corporation or the receiver or trustee employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the corporation or on an extractive truth on high other like amounted.					
if changed, or on an attachment with an address, with all other like empowered.					

1-23-00

FILED