



FILED
Apr 05, 2005 8:00 am
Secretary of State

02-10-2005 90056 019 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000129882			
1. Entity Name DORICO INNOVATION, INC			
Principal Place of Business 2903 S SEMORAN BLVD APT #188 ORLANDO, FL 32822		Mailing Address 2903 S SEMORAN BLVD APT #188 ORLANDO, FL 32822	
2. Principal Place of Business 4756 WALDEN CIRC Suite, Apt. #, etc. # 621 City & State ORLANDO, FL Zip 32811 Country ORANGE		3. Mailing Address 4756 WALDEN CIRC Suite, Apt. #, etc. # 621 City & State ORLANDO, FL Zip 32811 Country ORANGE	
		66008622 	
		02022005 Chg-P CR2E034 (10/03)	
		4. FEI Number 20-1622385 Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FUNGIERI, ALDAILDO 2903 S SEMORAN BLVD APT #188 ORLANDO, FL 32822		7. Name and Address of New Registered Agent Name FUNGIERI, ALDAILDO Street Address (P.O. Box Number is Not Acceptable) 4756 WALDEN CIRC # 621 City ORLANDO FL Zip Code 32811	
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: <u>Aldaildo Fungieri</u> (NOTE: Registered Agent signature required when remaining) DATE			
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	DP FUNGIERI, ALDAILDO 2903 S SEMORAN BLVD APT #188 ORLANDO, FL 32822 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.P. FUNGIERI, ALDAILDO 4756 WALDEN CIRC # 621 ORLANDO, FL 32811 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DOS SANTOS, CELIO A 2903 S SEMORAN BLVD APT #188 ORLANDO, FL 32822 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.V. DOS SANTOS, CELIO A 4756 WALDEN CIRC # 621 ORLANDO, FL 32811 <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
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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: <u>Aldaildo Fungieri</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		2-2-05 Date Daytime Phone #	