2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 17, 2005 8:00 am Secretary of State

Zip Country Zip Country S. Certificate of Status Desired S.7.5 Addition Set	I. Entity Name	е	# P0400013°				03-17-200	_	047 ***1				
MELBOURNE, FL 32935			5		=								
Suite, Apt. #, etc. Suite, Ap	F												
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City & State City & State City & State City & State Country C	2. Principal Pla	lace of Busir	less	3. Ma	iling Address								
Signature Prince	Suite, Apt.	#, etc.		Sui	Suite, Apt. #, etc.				01042005	Chg-P	CR2E	34 (10/03)	
Supplementary Supplementar	City & State				City & State				4. FEI Number	1105 24			plied For
S. Name and Address of Current Registered Agent D'AGOSTINO, LEONARDO J 2770 CARIBBEAN ISLE APT. 909 MELBOURNE, FL 32935 City FL O'AGOSTINO, LEONARDO J 2770 CARIBBEAN ISLE APT. 909 MELBOURNE, FL 32935 City FL O'AGOSTINO, LEONARDO J ARter May 1, 2005 Fee will be \$550.00 ARter May 1, 2005 Fee will be \$550.00 ARter May 1, 2005 Fee will be \$550.00 O'ATIEL BOURNE, FL 32935 TITLE D'AGOSTINO, LEONARDO J SIREET ADDRESS CITY-ST-2P MELBOURNE, FL 32935 TITLE TO AGOSTINO, LEONARDO J SIREET ADDRESS CITY-ST-2P MELBOURNE, FL 32935 TITLE D'AGOSTINO, LEONARDO J SIREET ADDRESS CITY-ST-2P MELBOURNE, FL 32935 TITLE D'AGOSTINO, LEONARDO J SIREET ADDRESS CITY-ST-2P MELBOURNE, FL 32935 TITLE D'AGOSTINO, LEONARDO J SIREET ADDRESS CITY-ST-2P MELBOURNE, FL 32935 TITLE D'AGOSTINO, LEONARDO J SIREET ADDRESS CITY-ST-2P MELBOURNE, FL 32935 TITLE NAME D'AGOSTINO, LEONARDO J SIREET ADDRESS CITY-ST-2P MELBOURNE, FL 32935 TITLE NAME D'AGOSTINO, LEONARDO J SIREET ADDRESS CITY-ST-2P MELBOURNE, FL 32935 TITLE NAME SIRET ADDRESS CITY-ST-2P TITLE TITLE D'ENDREY Change Ch	Zip		Country	Zip		Cour	itry					\$8.75 Add	itional
D'AGOSTINO, LEONARDO J 2770 CARIBBEAN ISLE APT. 909 MELBOURNE, FL 32935 City City FL Zip Code City ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN NAME D'AGOSTINO, LEONARDO J SIREET ADDRESS CITY-ST-Zip MELBOURNE, FL Zip Code City City FL Zip Code City City FL Zip Code City Cit	<u>~_</u>	6. Name	and Address of Curren	t Register	ed Agent								
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code							Name					,	
City FL Zip Code							Street Address (P.O. Box Number is Not Acceptable)						
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 the obligations of registered agent. SIGNATURE Signature, howed or photod name of impotented agent and little if applicable. NOTE: Registered Agent signature required when reinstating) DATE PORTOR May 1, 2005 Fee will be \$550.00 After May 1, 2005 Fee will be \$550.00 Porticers AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE MAME D'AGOSTINO, LEONARDO J STREET ADDRESS CITY-ST-2P TITLE TO Delate TITLE NAME D'AGOSTINO, LEONARDO J STREET ADDRESS CITY-ST-2P TITLE SOMELBOURNE, FL 32935 CITY-ST-2P TITLE SOMELBOURNE, FL 32935 CITY-ST-2P TITLE SOMELBOURNE, FL 32935 CITY-ST-2P TITLE NAME D'AGOSTINO, LEONARDO J STREET ADDRESS CITY-ST-2P TITLE SOMELBOURNE, FL 32935 CITY-ST-2P TITLE NAME D'AGOSTINO, LEONARDO J STREET ADDRESS CITY-ST-2P TITLE NAME D'AGOSTINO, LEONARDO J STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE N	APT. 909												
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SIGNATURE Signature, hybrid or printed name of important agent and tibe il applicable. (NOTE Registred Agent Signature required when reinstating) File NOWIII FEE IS \$150,00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Trust Fund Contributio				or the pur	pose of changing its	register	ed office or re	gister	ed agent, or both	n, in the State of Fl	orida. I am	familiar with,	and accept
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