

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2006 8:00 am
Secretary of State

09-06-2006 90034 032 ***150.00

DOCUMENT # P04000131946 1. Entity Name LEONARDO DA VINCI, INC.					
Principal Place of Business P.O. BOX 372756 SATELLITE BEACH, FL 32937			Mailing Address P.O. BOX 372756 SATELLITE BEACH, FL 32937		
2. Principal Place of Business 2087 A Sarno Rd Suite, Apt. #, etc.		3. Mailing Address 2087 A Sarno Rd Suite, Apt. #, etc.		40102003 	
City & State Melbourne FL		City & State Melbourne FL		4. FEI Number 20-1652855	
Zip 32935		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent D'AGOSTINO, LEONARDO J 2770 CARIBBEAN ISLE APT. 909 MELBOURNE, FL 32935				7. Name and Address of New Registered Agent Name: D'AGOSTINO, LEONARDO J Street Address (P.O. Box Number is Not Acceptable) 2087 A SARNO RD City: Melbourne FL Zip Code: 32935	
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D'AGOSTINO, LEONARDO J 2770 CARIBBEAN ISLE APT. 909 MELBOURNE, FL 32935	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D'AGOSTINO LEONARDO J 2087 A Sarno Rd Melbourne FL 32935	<input checked="" 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 exemptions contained in Chapter 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: 			Date: 08/31/06 Daytime Phone #: 321-259-770X		