## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000146149

FILED Jan 19, 2005 Secretary of State

Entity Name:	NFINITE DESIGN & DEVELOPMENT	Г, CORP.					
Current Principal Place of Business:			New Principal Place of Business:				
2455 EAST SUNRISE BLVD SUITE 504 FORT LAUDERDALE, FL 33304			2455 EAST SUNRISE BLVD SUITE 504 FORT LAUDERDALE, FL 33304				
Current Mailing Address:			New Mailing Address:				
2455 EAST SUNRISE BLVD SUITE 504 FORT LAUDERDALE, FL 33304			2455 EAST SUNRISE BLVD SUITE 504 FORT LAUDERDALE, FL 33304				
FEI Number:	FEI Number Applied For (X)	FEI Numb	oer Not Appli	cable ( )	Certificate of Status	Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
LAVENDER, JOEL R ESQ 507 SE 11TH COURT FORT LAUDERDALE, FL 33316 US			IERACI, PIO R 2455 E SUNRISE BLVD SUITE 504 FORT LAUDERDALE, FL 33304 US				
The above name in the State of FI	ed entity submits this statement for the lorida.	e purpose of o	changing it	s registered	office or registered a	agent, or both,	
SIGNATURE: PIO R IERACI			01/19/2005				
	Electronic Signature of Registered A	gent			Date		
Election Campaigr	n Financing Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	()Delete	A A	Fitle: Name: Address: City-St-Zip:	IERACI, PIO 2455 E. SUN	( ) Change (X) Addition R RISE BLVD #504 ERDALE, FL 33304 US		
Title: Name: Address: City-St-Zip:	( ) Delete	N A	Fitle: Name: Address: City-St-Zip:	NAGY, HENE 3800 GALT C	( ) Change (X) Addition IIN DCEAN DR. #1410 ERDALE, FL 33308 US		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PIO R IERACI PD 01/19/2005