## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## 03-07-2005 90277 015 \*\*\*150.00 DOCUMENT # P04000146333 LAKE WORTH IT INC PPAAGOTA Principal Place of Business Mailino Address 3520 S OCEAN BLVD #F -104 3520 S OCEAN BLVD #F -104 PALM BEACH, FL 33480 PALM BEACH, FL 33480 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02262005 CR2E034 (10/03) 209098 Applied For Not Applicable City & State City & State 4. FEI Number Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of Naw Registered Agent Name FRANKLIN, ELLIOTT 54.47 1-4 2777 S CONGRESS AVE Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH, FL 33461 Zip Code 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 Squezire, typed or printed name of regulared against and title if applicable. (NOTE: Registered Agent signature required when rematating) OATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition TITLE Delate TITLE ☐ Change VITIELLO, ANTONIO NAME Vitiello, Antonio 3520 S OCEAN AVE #F-104 STREET ADDRESS STREET ADDRESS 2520 S. Ocean Blud + F-154 Parm Beach, FL 33480 CITY-ST-ZIP PALM BEACH, FL 33480 CITY-ST-ZIP TITLE Oelete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete . fiftE TITO F ☐ Change Addition NAME NAVE STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Detete TITLE TITLE ☐ Chance ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY. ST. 7P TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZP TITLE T Delete TITE F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 Dayone Phone #

**FILED** 

Apr 06, 2005 8:00 am Secretary of State