

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90094 049 \*\*\*158.75

**DOCUMENT # P04000146529**

1. Entity Name  
**CRIVELLO TEAM INC**



Principal Place of Business  
**3408 DOVER ROAD  
POMPAÑO BEACH, FL 33062**

Mailing Address  
**3408 DOVER ROAD  
POMPAÑO BEACH, FL 33062**

**50022552**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02012005

Chg-P

CR2E034 (10/03)

4. FEI Number

**20-1788256**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRIVELLO, FRANK P  
3408 DOVER ROAD  
POMPAÑO BEACH, FL 33062**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DIR** ☐ Delete  
NAME **SCHWABE, PAUL L**  
STREET ADDRESS **1818 NORTH FARWELL AVENUE**  
CITY-ST-ZIP **MILWAUKEE, WI 53202**

TITLE **PRES** ☐ Delete  
NAME **SCHWABE, PAUL L**  
STREET ADDRESS **1818 NORTH FARWELL AVENUE**  
CITY-ST-ZIP **MILWAUKEE, WI 53202**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Director / Executive VP** ☐ Change ☒ Addition  
NAME **Ostruszka Katherine**  
STREET ADDRESS **1818 North Farwell Avenue**  
CITY-ST-ZIP **Milwaukee, WI 53202**

TITLE **Director** ☐ Change ☒ Addition  
NAME **Orlando Frank J**  
STREET ADDRESS **3408 Dover Road**  
CITY-ST-ZIP **Pompano Beach, FL 33062**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **Paul Schwabe PAUL SCHWABE, PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-25-05**

**414-283-2600**

Date

Daytime Phone #