2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE.*

Secretary of State 03-23-2005 90042 042 ***150.00 DOCUMENT # P04000149637 1. Entity Name DELORENZO & COMPANY, INC. # f.C Mailing Address بيرين Principal Place of Business 400 NORTHWEST 48TH TERRACE 400 NORTHWEST 48TH TERRACE PLANTATION, FL 33317 PLANTATION, FL 33317 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03102005 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Numbe Applied For 71-0976446 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DELORENZO, DANA E 400 NORTHWEST, 48TH TERRACE Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33317 **31.** City 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 eigneture required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 15 \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TILE ☐ Change ☐ Addition DELORENZO, DANA E NAME NAME 400 NORTHWEST 48TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33317 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME MASKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME MALAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete IIILE TITLE ☐ Change ☐ Addition MALKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Dana De Menzo
OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED HAME OF

FILED Mar 23, 2005 8:00 am