2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# P04000151120

Entity Name: LIQUINATTI FAMILY ENTERTAINMENT, INC.

Current Principal Place of Business:

1248 SO. MILITARY TRAIL
#1711
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

Current Mailing Address:

1248 SO. MILITARY TRAIL
#1711
DEERFIELD BEACH, FL 33442

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GILES, TRACY
1248 SO. MILITARY TRAIL
#1711
DEERFIELD BEACH, FL 33442 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	CHRM	( ) Delete
Name:	GILES, TRACY	
Address:	1248 SO. MILITARY TRAIL #1711	
City-St-Zip:	DEERFIELD BEACH, FL 33442	
Title:	D	( ) Delete
Name:	GILES, BROOKE	
Address:	1248 SO. MILITARY TRAIL #1711	
City-St-Zip:	DEERFIELD BEACH, FL 33442	
Title:	D	( ) Delete
Name:	RILEY, JONTE A	
Address:	1248 SO. MILITARY TRAIL #1711	
City-St-Zip:	DEERFIELD BEACH, FL 33442	
Title:	D	( ) Delete
Name:	GILES, BRITT	
Address:	1248 SO. MILITARY TRAIL #1711	
City-St-Zip:	DEERFIELD BEACH, FL 33442	
Title:	S	( ) Delete
Name:	NEGRON, ANNA M	
Address:	8741 NW 4TH COURT #104	
City-St-Zip:	PLANTATION, FL 33324	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: TRACY GILES CHRM 04/29/2005

Electronic Signature of Signing Officer or Director — Date