


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90054 012 ***150.00

DOCUMENT # P04000152095 1. Entity Name DENISE M. SCANZIANI, ESQ., P.A.																																			
Principal Place of Business 7649 SW 164TH CT. MIAMI, FL 33193		Mailing Address 7649 SW 164TH CT. MIAMI, FL 33193																																	
2. Principal Place of Business 2064 SE 19 Street Suite, Apt. #, etc.		3. Mailing Address 2064 SE 19 Street Suite, Apt. #, etc.																																	
City & State Homestead, FL Zip 33035 Country US		City & State Homestead, FL 8 Zip 33035 Country US																																	
4. FEI Number 41-2155919		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		03302005 Chg-P CR2E034 (10/03)																																	
6. Name and Address of Current Registered Agent SCANZIANI, DENISE M 7649 SW 164TH CT. MIAMI, FL 33193		7. Name and Address of New Registered Agent Name Denise M. Scanziani Street Address (P.O. Box Number is Not Acceptable) 2064 SE 19 Street City Homestead FL Zip Code 33035																																	
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: <u>Denise M. Scanziani</u> DATE: <u>4/7/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">PD</td> <td style="width:40%;">NAME</td> <td style="width:10%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td>SCANZIANI, DENISE M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>7649 SW 164TH CT.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>MIAMI, FL 33193</td> <td></td> </tr> </table>		TITLE	PD	NAME	Delete <input type="checkbox"/>	NAME		SCANZIANI, DENISE M		STREET ADDRESS		7649 SW 164TH CT.		CITY-ST-ZIP		MIAMI, FL 33193		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">President</td> <td style="width:40%;">NAME</td> <td style="width:10%;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td>Denise M. Scanziani</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>2064 SE 19 Street</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>Homestead, FL 33035</td> <td></td> </tr> </table>		TITLE	President	NAME	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME		Denise M. Scanziani		STREET ADDRESS		2064 SE 19 Street		CITY-ST-ZIP		Homestead, FL 33035	
TITLE	PD	NAME	Delete <input type="checkbox"/>																																
NAME		SCANZIANI, DENISE M																																	
STREET ADDRESS		7649 SW 164TH CT.																																	
CITY-ST-ZIP		MIAMI, FL 33193																																	
TITLE	President	NAME	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>																																
NAME		Denise M. Scanziani																																	
STREET ADDRESS		2064 SE 19 Street																																	
CITY-ST-ZIP		Homestead, FL 33035																																	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP																																	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP																																	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP																																	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP																																	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP																																	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP																																	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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: <u>Denise M. Scanziani</u>		Date: <u>4/7/05</u> Daytime Phone #																																	