


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P04000162869 1. Entity Name MATTEO SEBASTIANO, P.A. |  |
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| Principal Place of Business 152 CATANIA WAY ROYAL PALM BEACH, FL 33411 | Mailing Address 152 CATANIA WAY ROYAL PALM BEACH, FL 33411 |
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DO NOT WRITE IN THIS SPACE



05012006 No Chg-P CR2E034 (11/05)

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|---|--------------------------------|
| 4. FEI Number 35-2242885 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

SEBASTIANO, MATTEO
152 CATANIA WAY
ROYAL PALM BEACH, FL 33411

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000562617 05/19/06-80062-016 150.00 |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SEBASTIANO, MATTEO 152 CATANIA WAY ROYAL PALM BEACH, FL 33411 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: MATTEO SEBASTIANO 5/1/06 561-827-8092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #