2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000045652

FILED Apr 01, 2004 Secretary of State

Entity Name: LORENZO RAMUNNO, PROFESSIONAL ASSOCIATION

Current Principal Place of Business:		New Principal Place of Business:		
158 SW I	HWY 200			
	L 34476 US	3		
urrent N	lailing Addres	ss:	New Mailing Addres	s:
.O. BOX CALA, F	771313 L 34477 US	3		
El Number	: 65-0419050	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	d Address of (Current Registered Agent:	Name and Address of	of New Registered Agent:
	O, LORENZO HWY 200)			
CALA, F	L 34476 US	cubmits this statement for the	nurnoso of changing its registers	d office or registered agent or both
CALA, F he above		submits this statement for the	purpose of changing its registere	d office or registered agent, or both,
CALA, F he above	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,
CALA, F he above the State	e named entity e of Florida. RE:	submits this statement for the		d office or registered agent, or both, Date
PCALA, F he above the State	e named entity e of Florida. RE: Electror			
CALA, F he above the State IGNATUI	e named entity e of Florida. RE: Electror	nic Signature of Registered Ag g Trust Fund Contribution().	ent	
CALA, F he above the State IGNATUI	e named entity e of Florida. RE: Electror mpaign Financin S AND DIREC DP (RAMUNNO, LC	nic Signature of Registered Ag g Trust Fund Contribution (). TORS:) Delete RENZO 7 200, SUITE 200	ent ADDITIONS/CHANG Title: Name: Address: City-St-Zip:	Date ES TO OFFICERS AND DIRECTOR () Change () Addition
he above the State IGNATUI ection Car FFICER ttle: ame: ddress:	e named entity e of Florida. RE: Electron mpaign Financin S AND DIREC DP (RAMUNNO, LC 6158 SW HWY OCALA, FL 34 VP (X RAMUNNO, DI/	nic Signature of Registered Ag g Trust Fund Contribution (). TORS:) Delete RENZO 7 200, SUITE 200 476) Delete ANE 7 200 SUITE 200A	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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: LORENZO RAMUNNO DP 04/01/2004