

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000070740

1. Entity Name
LAW OFFICES OF EILEEN ADONAILO, P.A.



FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90095 046 ***150.00

Principal Place of Business
2085 UNIVERSITY DR
CORAL SPRINGS, FL 33071

Mailing Address
P O BOX 9888
CORAL SPRINGS, FL 33075 US

9084 NW 20th Manor

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04302005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0452506 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADONAILO, EILEEN
2085 UNIVERSITY DR
CORAL SPRINGS, FL 33071

Name Eileen Adonailo
Street Address (P.O. Box Number is Not Acceptable)

9084 NW 20th Manor

City Coral Springs FL Zip Code 33071

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 *Eileen Adonailo*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME ADONAILO, EILEEN
STREET ADDRESS 2085 UNIVERSITY DR
CITY-ST-ZIP CORAL SPRINGS, FL 33071 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Eileen Adonailo* Eileen Adonailo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-05