FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

P94000002369 (4)

MANI EITANIA &	CAMPBELL	٨	PROFESSIONAL	MOLEVIOUSSY
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Principal Place of Business Mailing Address													
101 E. KENNEDY BLVD. SUITE 1080 TAMPA FL 33802			1	101 E. KENNEDY BLYD. SUITE 1080 TAMPA FL 33602									
							3. Date incorporated or Qualified 3a. Date of Last R 01/11/1994 05/10/199			-,			
 Principal Place 21 		ess	2a. 26	Mailing Address					4. FEI Number 59-3219331			Applied For Not Applicable	
Suite, Apt. #	, etc.		27	Suite, Apt. #, etc.					Certificate of Status Desired Floation Comparing Lypping		Fee f	Additional Required	
City & State 23	ate				7 - 6	Country			Election Campaign Financing Trust Fund Contribution This corporation has liability for	intangible t	Added	0 May Be d to Fees 199.032	
24		25 and Address of Cu	29 Irrent Regis	29 30					Florida Statutes Y Yes No 10. Name and Address of New Registered Agent				
MAI CITAN	NO MICH	VEI D				81	L.	larrie					
MALFITANO, MICHAEL D 101 E. KENNEDY BLVD. SUITE 1080 TAMPA FL 33602					82		treet Address (P.O. Box Number is Not Acceptable)						
					84	C	Orty			85 2 g	p Code		
11. Pursuant to or registere	o the provision	ons of Sections 607.0 both, in the State of	0502 and 60 Florida, Suci Section 607	07.1508, Florida Statut n change was authoriz 0505, Florida Statutes	tes, the a	_l_ bove r e corp	i. nan ora	ned corpora tion's board	tion submits this statement for the pu Lof directors. I hereby accept the app	rpose of chointment a	anging its r is registered	egistered office Lagent, Lam	
SIGNATURE	-	or printed name of registered				nad Agar	its:g	nature required	where revision of	DATE			
12.			AND DIREC		13				ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTO	RS IN 12	
TITLE	P			[] DELETE	1.	1 TITLE		· · · · · · · · · · · · · · · · · · ·			Change	Addition	
NAME	MALIFAT	'ANO, MICHAEL			1.2	2 NAMÉ							
STHEET ADDRESS	101 E. K	(ENNEDY BLVD., (SUITE 108	0	1.3	STREET	AD(DRESS					
CITY-S1-7IP	TAMPA I	FL			1.4	4 CITY - S	7 - 7	iP					
TITLE	21.31.27.74.73.44.			[] DELETE	2	1 TO LF					Change	Addition	
NAME					2.7	2 NAME							
STREET ADDRESS					2.3	3 STREET	ADO	ORESS.					
CITY-ST-ZIP					2.4	4 C(1 Y - S	31 - Z	ıP.					
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NAME					3 2	2 NAME		1					
STREET ADDRESS					3.3	3 STREE	I AD	ORESS					
CITY-ST-ZIP						4 CITY - S	31 - 7	P					
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NAME					42	2 NAME							
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CITY - ST - ZIF						4 CITY - S	1-Z	IP					
THLE				[] DELETE		1 THILE		ļ			☐ Change	☐ Addition	
NAME						2 NAME							
STREET ADDRESS					53	3 STREET	ADO	DRESS					
City-St-ZiP						4 CiTY-S	ST - Z	ıt.					
TITLE				DELETE		1 TITLE					Change	Addition Addition	
NAME						2 NAME							
STREET ADDRESS					63	3 STREFT	IOA	DRESS					

City-Si-ZiP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal 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 12 or Block 13 if chapted, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PERITED NAME OF SIGNING OFFICER OR DIRECTOR

- I ARRIJEŠI JAR SETIJ CIRIJ BOKA ROJA ROJI. ŠEKA ROJA ARJO KORO KARE RIJA BAKA ROJA