

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90324 034 ***150.00

DOCUMENT # P94000069317					
1. Entity Name THE LAW OFFICES OF JOANNE FANIZZA, P.A.					
Principal Place of Business 2700 E. OAKLAND PARK BLVD SUITE D FORT LAUDERDALE, FL 33306 US			Mailing Address 2700 E. OAKLAND PARK BLVD SUITE D FORT LAUDERDALE, FL 33306 US		
2. Principal Place of Business 1995 E. Oakland Park Blvd. Suite, Apt. #, etc. Suite 210 City & State Fort Lauderdale FL Zip 33306 Country USA		3. Mailing Address 1995 E. Oakland Park Blvd. Suite, Apt. #, etc. Suite 210 City & State Fort Lauderdale FL Zip 33306 Country USA			
04212005 Chg-P CR2E034 (10/03)				4. FEI Number 65-0528186	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FANIZZA, JOANNE 2700 E. OAKLAND PARK BLVD SUITE D FORT LAUDERDALE, FL 33306			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1995 E. Oakland Park Blvd. Suite 210 City & State Fort Lauderdale FL Zip Code 33306		
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: DATE: 4/22/05 <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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FANIZZA, JOANNE 2700 E. OAKLAND PARK BLVD, SUITE D FORT LAUDERDALE, FL 33306	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1995 E. Oakland Park Blvd. Suite 210	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	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:			4/22/05 954-565-5445		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		