2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)					FILED
DOCUMENT # P95000017925 1. Entity Name					Jan 24, 2005 08:00 AM Secretary of State
DAN RIS	POLI, INC.				Scoretary or state
Principal Plac	ce of Business	Mailing Address			
1682 NW 85TH DR CORAL SPRINGS FL 33071		1682 NW 85TH DR			
CORAL SPI	11NG5 FL 3307	CORAL SPRINGS FL 33	3071		1 (1881/1881) 18 18 18 18 18 18 18
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E034 (10/04)
City & State		City & State			4. FEI Number 65-0563932 Applied For Not Applicab
Zip	Country	Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Curren	Registered Agent	N		7. Name and Address of New Registered Agent
RISPOLI, RITA E			Name		
1682 NW 85TH DR CORAL SPRINGS FL 33071			Stree	t Address (P.O. Box Number is Not Acceptable)
			City		FL Zip Code
8. The above the obliga	e named entity submits this statement fitions of registered agent.	or the purpose of changing its r	registered office	or register	red agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable (NOTE	Registered Agent sig	nature required	when reinstating) DATE
After	ILE NOW!!! FEE IS \$150,00 May 1, 2005 Fee Will Be \$550.0 k Payable to Florida Department of				9. Election Campaign Financing \$5.00 May B Trust Fund Contribution. Added to Fees
10.	OFFICÈRS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TIFLE	D DICROLL DAN	☐ Delete	TOTALE]	U00000191534 □ Change □ Addish 01/24/05-80177-014 150.00
NAME STREET ADDRESS	RISPOLI, DAN 1682 NW 85TH DR		NAME STREET ADDRES	s	01/24/05-80177-014 158.00
CITY-ST ZIP	CORAL SPRINGS FL 33071		CHY-ST-ZIP		
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CHY-ST-ZIP	CORAL SPRINGS FL 33071		CUY-ST-ZIP		
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12. I hereby of indicated	certify that the information supplied with on this report or supplemental report i	n this filing does not qualify for s true and accurate and that m	the exemption s	tated in Se I have the	ction 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director
of the cor changed	poration or the receiver or trustee emp , or on an attachment with an address,	owered to execute this report a with all other like empowered	is required by C	hapter 607	same legal effect as if made under oath; that I am an officer or director , Florida Statutes; and that my name appears in Block 10 or Block 11

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: