

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90763 001 \*\*\*750.00

**66014500**



03312005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P95000047844</b> 1. Entity Name <b>SIMEONE ENTERPRISES, INC.</b>					
Principal Place of Business <b>4400 BUCHANAN STREET HOLLYWOOD, FL 33021</b>			Mailing Address <b>4400 BUCHANAN STREET HOLLYWOOD, FL 33021</b>		
2. Principal Place of Business <b>198 Honeysuckle Drive</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>198 Honeysuckle Drive</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>Jupiter, FL</b> <small>Zip</small> <b>33458</b> <small>Country</small>		City & State <b>Jupiter, FL</b> <small>Zip</small> <b>33458</b> <small>Country</small>		4. FEI Number <b>65-0600646</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>SIMEONE, RONALD C 4400 BUCHANAN STREET HOLLYWOOD, FL 33021</b>			7. Name and Address of New Registered Agent <small>Name</small> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <b>198 Honeysuckle Drive</b> <small>City</small> <b>Jupiter</b> <small>FL</small> <small>Zip Code</small> <b>33458</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	PSD <input type="checkbox"/> Delete <b>SIMEONE, RONALD C 4400 BUCHANAN STREET HOLLYWOOD, FL 33021</b>		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>198 Honeysuckle Drive Jupiter, FL 33458</b>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> _____		<b>CHARLES M. DIVETO, JR., CPA, PA CERTIFIED PUBLIC ACCOUNTANT</b> <b>7425 N.W. 4th STREET</b> <b>PLANTATION, FLORIDA 33317</b>		<b>4/7/05 954-321-6300</b> <small>Date Daytime Phone #</small>	