


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000066186</b> 1. Entity Name <b>GOLDMAN, NACCARATO, PATTERSON, VELA &amp; ASSOCIATES, INC.</b>	
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Principal Place of Business <b>1570 NW 14 STREET MIAMI, FL 33125 US</b>	Mailing Address <b>1570 NW 14 STREET MIAMI, FL 33125 US</b>
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**DO NOT WRITE IN THIS SPACE**



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0603804</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**NACCARATO, ROSA  
1570 NW 14 STREET  
MIAMI, FL 33125**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**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**

**000000184180  
01/20/05-80017-017 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NACCARATO, ROSA 1570 NW 14 ST MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOLDMAN, SANDRA 1570 NW 14 ST MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GUSTAVO, VELA 1570 NW 14 ST MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VELA, GUSTAVO 1570 NW 14 ST MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:**  **ROSAL NACCARATO, PRES.** 01/13/2005 305-545-8434  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #