2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT# P95000092389

1. EntityName
MARIAM.TATICCHI,P.A.

PrincipalPlaceofBusiness	MailingAddress
1721 N.W. 95 AVENUE PLANTATION, FL 33322	1721 N.W. 95 AVENUE PLANTATION, FL 33322

DO NOT WRITE IN THIS SPACE

02142004 NoChg-P CR2E034(10/03)

4. FEINumber
65-0650790
☐ AppliedFor
☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

REYES,CARLOSJESQUIRE
C/OMONTERO,FINIZIO,VELASQUEZ&WEISSING
200S.E.9THSTREET
FORTLAUDERDALE,FL33316

DO NOT WRITE IN THIS SPACE

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE _____ DATE
Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE RegisteredAgentsignaturerequiredwhenre instating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. ElectionCampaignFinancing TrustFundContribution ☐ **$5.00** MayBe AddedtoFees

U00000088410
03/15/04-80050-009 150.00

10. OFFICERSANDDIRECTORS

TITLE	PD
NAME	TATICCHI,MARIAM
STREETADDRESS	1721N.W.95AVENUE
CITY-ST-ZIP	PLANTATION,FL33322
TITLE	VD
NAME	TATICCHI,LUIGI
STREETADDRESS	1721N.W.95AVENUE
CITY-ST-ZIP	PLANTATION,FL33322
TITLE	SD
NAME	LOPEZ,ANNIEM
STREETADDRESS	1721N.W.95AVENUE
CITY-ST-ZIP	PLANTATION,FL33322
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. Ihereby certifythattheinformationsuppliedwiththisfilingdoesnotqualifyfortheexemptionstatedinSection119.07(3)(i),FloridaStatutes.Ifurthercertifythattheinformation indicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath;thatIamanofficerordirector ofthecorporationortherecieverortrusteeempoweredtoexecutethisreportasrequiredbyChapter607,FloridaStatutes,an dthatmynameappearsinBlock 10orBlock 11if changed,oronanattachmentwith anaddress,withallotherlikeempowered.

SIGNATURE: X Mariam Taticchi 02/14/2004 954-609-8828
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#
Mariam M. Taticchi