2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 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

01102005 NoChg-P CR2E034(10/03)

DO NOT WRITE IN THIS SPACE

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

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

SIGNATURE _____ DATE
Signature,typedorprintednameofregisteredagentandtitleifapplicable (NOTE RegisteredAgentsignaturerequiredwhenre instating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

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	

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01/19/05-80036-019 150.00

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12. Ihereby 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: Maria Taticchi 1/15/05 954-609-8828
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Maria Taticchi Date DaytimePhone#