

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT# P950Q0092389	
1. Entity Name MARIAM.TATICCHI,P.A.	

Principal Place of Business 1721 N.W. 95 AVENUE PLANTATION, FL 33322	Mailing Address 1721 N.W. 95 AVENUE PLANTATION, FL 33322
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01102005 NoChg-P CR2E034(10/03)

4. FEI Number 65-0650790	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent REYES, CARLOS JESQUIRE C/OMONTERO, FINIZIO, VELASQUEZ & WEISSING 2005 E. 9TH STREET FORT LAUDERDALE, FL 33316	DO NOT WRITE IN THIS SPACE
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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 obligation of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when re-instating)	DATE _____
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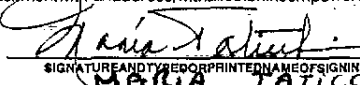
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TATICCHI, MARIAM 1721 N.W. 95 AVENUE PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD TATICCHI, LUIGI 1721 N.W. 95 AVENUE PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LOPEZ, ANNIEM 1721 N.W. 95 AVENUE PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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.

SIGNATURE: 	Date: 1/15/05	Daytime Phone#: 954-609-8828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		