

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000024372

Entity Name: CASA DI MENOTTI, INC.

FILED
Apr 06, 2005
Secretary of State

Current Principal Place of Business:

832 EAST ATLANTIC AVE
DELRAY BEACH, FL 33483

New Principal Place of Business:

140 NE 2ND AVE
SUITE 6
DELRAY BEACH, FL 33444

Current Mailing Address:

832 EAST ATLANTIC AVE
DELRAY BEACH, FL 33483

New Mailing Address:

140 NE 2 ND AVE
SUITE 6
DELRAY BEACH, FL 33444

FEI Number: 65-0655787

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MELCHIORRE, MENOTTI
832 EAST ATLANTIC AVE
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

MELCHIORRE, MENOTTI
140 NE 2ND AVE
DELRAY BEACH, FL 33444 US

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.

SIGNATURE:

04/06/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MELCHIORRE, MENOTTI
Address: 832 EAST ATLANTIC AVE
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MELCHIORRE, MENOTTI
Address: 140 NE 2ND AVE
City-St-Zip: DELRAY BEACH, FL 33444

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MENOTTI MELCHIORRE

PRES

04/06/2005

Electronic Signature of Signing Officer or Director

Date