## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 03, 2005 8:00 am Secretary of State

ANNUAL REPURI				Secretary of State		
1. Entity Na	JMENT # P96000040 non flooring of brown			02-03-2005 90	036 038 ***150.00	
Principal Place of Business 2811 NE 53RD STREET LIGHTHOUSE POINT, FL 33064		Mailing Address 2811 NE 53RD STREET LIGHTHOUSE POINT, FL 33064		4001181	3	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01242005 Chg-P	CR2E034 (10/03)	
City & State		City & State		4. FEI Number 65-0662551	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current I	Registered Agent	<del></del>	7. Name and Address of New	Registered Agent	
Name						
MAZZEI, JAIME D 2811 NE 53RD STREET LIGHTHOUSE POINT, FL 33064			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
EIGHTHOUSE POINT, FE 33504						
			City		FL   Zip Code	
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 hyped or printed name of registered agent and little if applicable.  (NOTE: Registered Agent signature required when reinstaung)  DATE						
FILE NOWIII FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.				5.00 May Be ded to Fees		
10.	OFFICERS AND D	DIRECTORS	11.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 11	
TITLE	PD	☐ Delete	TITLE X		Change Addition	
NAME	MAZZEI, JAMIE		NAME			
STREET ADDRESS	2811 NE 53RD ST		STREET ADDRESS	•	·	
CITY-ST-ZIP	POMPANO BEACH, FL 33064		CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY:ST-ZIP		☐ Delcte	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Chan <b>g</b> e ☐ Addition	
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<del></del>			- <b></b>	<u> </u>		
TITLE		☐ Delete	TITLE		Change 🗍 Addition	
name Street address			NAME STREET ADDRESS		,	
CITY-ST-ZIP	<b>₹</b>		CITY-ST-ZIP		i	
	-					
TITLE NAME		☐ Delete	TITLE NAME		Change Addition	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP		1	
		[7]	·		Channe C salati	
title Name		Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS			

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

AATURE AND TYPED OR PRINTED AND OF SIGNING OFFICER OR DIRECTO

× 1-31-05

Daytime Phone #