2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 17, 2006 08:00 AN **Secretary of State DOCUMENT # P96000072818** 1. Entity Name DOMÍNIC C. ANGIOLILLO, INC. Principal Place of Business Mailing Address 9315 NW 46TH STREET 9315 NW 46TH STREET SUNRISE, FL 33351 SUNRISE, FL 33351 07112006 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 65-0695125 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent go gotjak od star o ANGIOLILLO, DOMINIC C DO NOT WRITE 9315 NW 46TH STREET SUNRISE, FL 33351 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 U000005705<u>9</u>4 Trust Fund Contribution. Added to Fees 07/17/06-80007-024 550.00 Due by September 6, 2006 10. OFFICERS AND DIRECTORS TITLE ANGIOLILLO, DOMINIC C NAME STREET ADDRESS 9315 NW 46TH STREET CITY-ST-ZIP SUNRISE, FL 33351 BULF NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THTLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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.

CHTY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF UPER OR DIRECTOR

Date

Daytime Phone #

FILED