


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 17, 2005 8:00 am
Secretary of State

05-17-2005 90015 019 ***550.00

DOCUMENT # 097 000029589

1. Entity Name
Campanelli Design & Communications, Inc.



DO NOT WRITE IN THIS SPACE

40084371

2. Principal Place of Business
20950 Rustlewood Avenue
Suite, Apt. #, etc.

3. Mailing Address
20950 Rustlewood Avenue
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Boca Raton, FL

City & State
Boca Raton, FL

4. FEI Number
65-0755649

Applied For
 Not Applicable

Zip
33428

Country
United States

Zip
33428

Country
United States

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Rose, Lisa

Street Address (P.O. Box Number is Not Acceptable)

20950 Rustlewood Avenue

City
Boca Raton

FL Zip Code
33428

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 _____ DATE _____
Signature, typed or printed name of registered agent and if applicable, (NOTE: Registered Agent signature required when registering)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Rose, Lisa 20950 Rustlewood Avenue Boca Raton, FL 33428	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Rose, Paul 20950 Rustlewood Avenue Boca Raton, FL 33428	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 on an attachment with an address, with all other like empowered.

SIGNATURE: Paul Rose Paul Rose **5-10-05** **561-699-1074**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Key To Phone #

CR2E034B (12/02)