
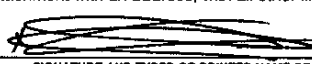


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90092 014 \*\*\*158.75

|  |  |  |   |
|--|--|--|---|
| DOCUMENT # P97000100222  |  |   |   |
| 1. Entity Name<br>CERVONE, CORPORATION   |  |  |   |
| Principal Place of Business<br>6301 BISCAYNE BLVD<br>114<br>MIAMI, FL 33138  |  | Mailing Address<br>6301 BISCAYNE BLVD<br>114<br>MIAMI, FL 33138  |   |
| 2. Principal Place of Business<br>1891 NE 164th ST<br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br>1891 NE 164th ST<br>Suite, Apt. #, etc.  |   |
| City & State<br>N. MIAMI Beach   |  | City & State<br>N. MIAMI Beach   |   |
| Zip<br>33162   | Country  | Zip<br>33162   | Country   |
| 6. Name and Address of Current Registered Agent<br>CERVONE, NICOLA G<br>6301 BISCAYNE BLVD<br>STE 114<br>MIAMI, FL 33131   |  | 7. Name and Address of New Registered Agent<br>Name: CERVONE, NICOLA G.<br>Street Address (P.O. Box Number is Not Acceptable)<br>1891 NE 164th ST<br>City: N. MIAMI Beach FL Zip Code: 33162 |   |
| 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____  |  |  |   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees   |   |
| 10. OFFICERS AND DIRECTORS   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PSD<br>CERVONE, NICOLA G<br>6301 BISCAYNE BLVD #114<br>MIAMI, FL 33138 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PSD<br>CERVONE, NICOLA G<br>1891 NE, 164th ST<br>N. MIAMI Beach FL 33162 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 12. I hereby certify that the information supplied with this filing 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. |  |  |   |
| SIGNATURE:  NICOLA CERVONE  |  | Date: 03/06/06   | Daytime Phone #: (305) 940-0077   |