

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000027427

1. Entity Name
SMALL BIZ PROS, INC.



Principal Place of Business
420 S. DIXIE HWY
2B
CORAL GABLES, FL 33146

Mailing Address
420 S. DIXIE HWY
2B
CORAL GABLES, FL 33146



04112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0833219 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

LAMBERTI, DOMINIC
2330 S.W. 27TH TERRACE
MIAMI, FL 33133

**DO NOT WRITE
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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

U00000301174
04/13/05-80021-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LAMBERTI, DOMINIC
STREET ADDRESS	2330 S.W. 27TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	S
NAME	LAMBERTI, KRISAN
STREET ADDRESS	2330 SW 27 TERRACE
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Dominic L. Lamberti DOMINIC L. LAMBERTI

4/11/05 305-740-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #