

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90047 025 ***150.00

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03062005 Chg-P CR2E034 (10/03)

DOCUMENT # P98000031818 1. Entity Name DEIRDRE DIBIAGGIO, P.A.			
Principal Place of Business 19 W FLAGLER ST STE 416 MIAMI, FL 33130		Mailing Address BISCAYNE BLDG, STE. 416, 19 W. FLAGLER ST. MIAMI, FL 33130	
2. Principal Place of Business 2900 MIDDLE ST.		3. Mailing Address 2900 MIDDLE ST	
Suite, Apt. #, etc. SUITE 700		Suite, Apt. #, etc. SUITE 700	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33133		Zip 33133	
Country U.S.A.		Country U.S.A.	
4. FEI Number 65-0824223		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DIBIAGGIO, DEIRDRE BISCAYNE BLDG, STE. 416, 19 W. FLAGLER ST. MIAMI, FL 33130		7. Name and Address of New Registered Agent Name DEIRDRE DIBIAGGIO Street Address (P.O. Box Number is Not Acceptable) 2900 MIDDLE ST SUITE 700 City MIAMI FL 33133	
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MS. <input type="checkbox"/> Delete DIBIAGGIO, DEIRDRE BISCAYNE BLDG, STE. 507, 19 W. FLAGLER ST. MIAMI, FL 33130	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DEIRDRE DIBIAGGIO 2900 MIDDLE ST. SUITE 700 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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.			
SIGNATURE: <u>Deirdre Dibiaggio</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>3/14/05</u> Daytime Phone # <u>305443.1212</u>	