


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000097045
1. Entity Name
DIPASQUALE & ASSOCIATES, P.A.



Principal Place of Business Mailing Address
14345 SUNSET LANE 14345 SUNSET LANE
FORT LAUDERDALE, FL 33330 FORT LAUDERDALE, FL 33330

DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

| | |
|---|--|
| 4. FEI Number 65-0878181 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

DIPASQUALE, TARA A
14345 SUNSET LANE
FORT LAUDERDALE, FL 33330

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

**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

000000178671
01/12/05-80036-024 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP DIPASQUALE, TARA A 14345 SUNSET LANE FORT LAUDERDALE, FL 33330 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DVP DIPASQUALE, CHRISTOPHER 14345 SUNSET LANE FORT LAUDERDALE, FL 33330 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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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)(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: *Chris Dipasquale* 1/8/05 934-252-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #