

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90019 011 ***150.00

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01102005 Chg-P CR2E034 (10/03)

DOCUMENT # P99000031923 1. Entity Name LEONARD M. CUSANO CPA, P.A.																											
Principal Place of Business 7372 N.W. 5TH STREET PLANTATION, FL 33317		Mailing Address 7372 N.W. 5TH STREET PLANTATION, FL 33317																									
2. Principal Place of Business 1860 N Pine Island Rd Suite, Apt. #, etc. 113		3. Mailing Address 1860 N Pine Island Rd Suite, Apt. #, etc. 113																									
City & State Plantation, FL		City & State Plantation, FL																									
Zip 33322		Zip 33322																									
Country		Country																									
4. FEI Number 65-0910513		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 CUSANO, LEONARD M 7372 N.W. 5TH STREET PLANTATION, FL 33317		7. Name and Address of New Registered Agent Name Cusano, Leonard M. Street Address (P.O. Box Number is Not Acceptable) 1860 N Pine Island Rd Ste 113 City Plantation FL Zip Code 33322																									
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: Leonard M Cusano <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CUSANO, LEONARD M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7372 N.W. 5TH STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PLANTATION, FL 33317</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	CUSANO, LEONARD M		STREET ADDRESS	7372 N.W. 5TH STREET		CITY-ST-ZIP	PLANTATION, FL 33317		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Cusano, Leonard M.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1860 N Pine Island Rd #113</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Plantation, FL 33322</td> <td></td> </tr> </table>		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Cusano, Leonard M.		STREET ADDRESS	1860 N Pine Island Rd #113		CITY-ST-ZIP	Plantation, FL 33322	
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.																											
SIGNATURE: Leonard M. Cusano <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 1/10/05 Daytime Phone # (954) 473-4120																									