


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jan 15, 2004 08:00 AM
Secretary of State**

DOCUMENT # P99000032406

1. Entity Name
JOSEPH R. COLLETTI, P.A.



Principal Place of Business
**3550 BISCAYNE BLVD, SUITE 610
MIAMI, FL 33137**

Mailing Address
**3550 BISCAYNE BLVD, SUITE 610
MIAMI, FL 33137**



01122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0910557

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**COLLETTI, JOSEPH R
3550 BISCAYNE BLVD, SUITE 610
MIAMI, FL 33137**

**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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PSTD COLLETTI, JOSEPH R 3550 BISCAYNE BLVD, SUITE 610 MIAMI, FL 33137 |
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01/15/04-80041-002 150.00

**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:  **1/12/04 (305) 576-2600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #