2005 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P00000036737



FILED Apr 18, 2005 8:00 am

4/13/05

1. Entity Name AEONTEC CORPORATION					Secretary of State 04-18-2005 90291 012 ***150.00				
Principal Place of Business 7374 BIG CYPRESS CT. MIAMI, FL 33014-2562 Mailing Address 7374 BIG CYPRESS CT. MIAMI, FL 33014-2562									
2. Principal P	lace of Business	3. Mailing Address							
13913 Alamanda Avenue 13913 Alamana Suite, Apt. #, etc. Suite, Apt. #, etc.			nda Avenu	e .	04132005	Chg-P		34 (10/03)	15001 II IBBI
City & State	i Lakes, FL	City & State Migmi Lakes, FL			4. FEI Numb	er		Ar	oplied For
Zip 3301		33014	Country		65-091 5. Certificate	of Status Desir		8.75 Add	
	6. Name and Address of Current		1		7. Name and	Address of N	ew Registered A	<u> </u>	
		<u> </u>	Name					_	
GULISANO, JOSE 7374 BIG CYPRESS CT. MIAMI, FL 33014-2562				Street Address (P.O. Box Number, is Not Acceptable)					
			CityM	iami	Lakes	<u> </u>	FL	Zip Cod	1033014
	named entity submits this statement folions of registered ageny.	r the purpose of changing its					of Florida. I am to	amiliar with,	and accept
SIGNATURE	Signature, typed or printed names of regulated analyse	no title if applicable. (NOT	E: Registered Agent algna	ture required	when reinstating)		DATE	/	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campa Trust Fund Conf			00 May Be ad to Fees			[] (pp. 0.	And of Pris
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO	OFFICERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS	PD GULISANO, JOSE L 7374 BIG CYPRESS CT.	☐ Delete	TITLE NAME STREET ADDRESS	139/3	Alaman	da Aver es, FL		Change	☐ Addition
CITY-ST-ZIP	MIAMI, FL 330142562		CITY-ST-ZIP	Mar	nc Lak	es, 12		EZ Channa	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	GULISANO, MONICA L 7374 BIG CYPRESS CT. MIAMI, FL 330142562	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1391	3 Alama	inda Ai	18704 33014	☑ Change	C) Addition
TITLE .	WII/AWII, F E 330142302	☐ Delete	-TITLE	Mai	nc car	29, 12		☐ Change	Addition
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TITLE NAME		☐ Delete	TITLE NAME					Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				**************************************		
12. I hereby a indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on a stackment with an address	this filing does not qualify for true and accurate and that byered to execute this report with all other this reportured	or the exemption sta my signature shall it as required by Ch	ated in Se have the s apter 607	ction 119.07(3) same legal effe , Florida Statut	(i), Florida State ot as if made us es; and that my	utes. I further cert nder oath; that I a r name appears in	ify that the i m an office n Block 10 o	nformation or director Block 11 if