

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90290 046 ***150.00

| | | | | | |
|---|--|---|--|---|---|
| DOCUMENT # P99000044237 1. Entity Name CORAZON BUILDING, INC. | | | | | |
| Principal Place of Business 3340 TAMIAMI TRAIL PORT CHARLOTTE, FL 33952 | | | Mailing Address P.O. BOX 495120 PORT CHARLOTTE, FL 33949 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 65-0919992 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LOPEZ, MARIO J 3340 TAMIAMI TRAIL PORT CHARLOTTE, FL 33952 | | | | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City FL Zip Code _____ | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LOPEZ, MARIO 263 GEORGE ROAD PORT CHARLOTTE, FL 33952 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President/Sec. |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CONNELLY, TERENCE 1841 JAMAICA WAY PUNTA GORDA, FL 33950 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM COSSU, SERGIO 4025 BASTIA COURT PUNTA GORDA, FL 33950 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MARTINEZ, RICARDO R 17557 O'HANA DRIVE PORT CHARLOTTE, FL 33954 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 17557 O'HARA Drive |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM VITULLO, RAYMOND IV 3605 ISLAND CLUB DR. APT #4 NORTH PORT, FL 34288 | <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 | <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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date 4/1/05 Daytime Phone # 941-764-1905 | | |