## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 18, 2005 08:00 AM Secretary of State **DOCUMENT # P99000060155** 1. Entity Name JOE ALAMPI, INC. Principal Place of Business Mailing Address 7777 GLADES ROAD, STE 209 ..7777 GLADES ROAD, STE 209 BOCA RATON, FL 33434 BOCA RATON, FL 33434 No Chg-P 01072005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0929764 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MAHONEY, ROBERT F DO NOT WRITE 7777 GLADES RD **STE 209** IN THIS SPACE BOCA RATON, FL 33434 5. 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. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) \$5.00 May Be Election Campaign Financing FILE NOW!!! FÊE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE ALAMPI, JOSEPH NAME STREET ADDRESS 7777 GLADES ROAD, STE 209 JUU000181748 CITY-ST-ZIP BOCA RATON, FL 33434 U1/18/05-80010-007 150.00 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 addre

STREET ADDRESS CITY-ST-ZIP

Daytime Phone #

FILED