2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000109664 1. Entity Name OCCHIUZZO INC.						FILED 05 SEP 28 AHII: 01				
Principal Place of Business		Mailing Address	1				02.21	EP 28	AH 11: ()
3582 SANTIA NAPLES, FL	AGO WAY	3582 SANTIAGO WAY NAPLES, FL 34105	3582 SANTIAGO WAY			SECNELLING OF STATE TALLAHASSEE, FLORIDA				
2. Principal P	ace of Business	3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			09262005	Chg-P	CR2E	(10/03)	
City & State		City & State			4. FEI Number 58-251543			Applied For Not Applicabl		
Zip •	Country	Zip	Zip Country			5. Certificate	of Status Desired	×	\$8.75 Add Fee Require	ditional ed
	6. Name and Address of Curren	Registered Agent				7. Name and	Address of New	Registered	l Agent	
OCCHIUZZO, DIEGO I				Name						
	FIAGO WAY		Street Address			(P.O. Box Number is Not Acceptable)				
			City			FL Zip Code				
The above named entity submits this statement for the purpose of changing its registered.					egistere	ed agent, or both	n, in the State of F			
the obligati	ions of registered agent.									
O GIATTOTIE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	: Registered	Agent signature	pequired	when reinstating)		DATE		
Amended AR is \$61.25 9. Election Campaign Fin Trust Fund Contribution				cing		00 May Be ed to Fees				
10.	OFFICERS AND	DIRECTORS				ADDITIONS/	CHANGES TO OF	FICERS AN	ID DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS	PD OCCHIUZZO, DIEGO I 3582 SANTIAGO WAY	☐ Delete	NAME STREET ADDRESS						☐ Change	Addition
CITY-ST-ZIP	NAPLES, FL 34105		-	ST-ZIP	ν Ρ,					
NAME STREET ADDRESS CITY-S1-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP		<€ ^ 358	144 00 2 5A	CCHIUZ: NTIAGO 34105	WAY	☐ Change	Addition
TITLE		Delete	TITLE		NAP	Les, FL	- 57103	<u>, </u>	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		La beide	NAME	T ADDRESS						
TITLE		☐ Delete	TITLE						☐ Change	☐ Addition
NAME STREET ADDRESS CITY+ST-ZIP		_ <i>Volum</i>	NAME	T ADDRESS		40 10/18	00066 8/050189	715 5100		_
TITLE NAME		☐ Delete	TITLE NAME						Change	Addition
STREET ADDRESS CITY-ST-ZIP			CITY-S	T ADDRESS ST-ZIP						
TITLE NAME STREET ADORESS		☐ Delete	TITLE NAME STREE	T ADDRESS					☐ Change	Addition
CITY-ST-ZIP		6.01.00	CITY-S	ST-ZIP						
indicated of the cor	certify that the information supplied wi on this report or supplemental report poration or the receiver or trustee em or on an attachment with an address	is true and accurate and that moderned to execute this report a	the exeminy signatures the exemple of the exemple o	nption state ure shall hav ed by Chap	ve the s iter 607	same legal effec , Florida Statute:	t as if made unde s; and that my na	s. I further cor r oath; that i me appears	ertify that the i I am an officer is in Block 10 o	ntormation or director r Block 11 if
SIGNAT	URE: SIGNAPORE AND TYPED OR	PRINTED TO SIGNING OFFICER O	OR DIRECTO	DR		9/26/0	5 (239)	430-21 5	55
										