


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # S03245
 1. Entity Name
OLESIEWICZ & DEAQUINO, P.A.



Principal Place of Business 2101 W COMMERCIAL BLVD. SUITE 4800 FT. LAUDERDALE, FL 33309	Mailing Address 2101 W COMMERCIAL BLVD. SUITE 4800 FT. LAUDERDALE, FL 33309
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DO NOT WRITE IN THIS SPACE



02282005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0219454	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**OLESIEWICZ, THOMAS S.
 2101W COMMERCIAL BLVD
 SUITE 4800
 FT LAUDERDALE, FL 33309**

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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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS OLESIEWICZ, THOMAS S. 2101W COMMERCIAL BLVD SUITE 4800 FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS DEAQUINO, ANTHONY 2101W COMMERCIAL BLVD SUITE 4800 FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 04/27/05-80095-014 150.00

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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: Thomas S. Olesiewicz V. P. A. S. 4/27/05 954-731-5555

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