## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 31, 2006 08:00 AM Secretary of State

ANNUAL REPORT				, Secretary of State		
DOCUMENT # S03245  1. Entity Name OLESIEWICZ & DEAQUINO, P.A.						v
OLESIEW	IIOZ & DEAQUINU, P.A.	·				
SUITE 4800	MERCIAL BLVD.	failing Address 2101 W COMMERCIAL BLVD. SUITE 4800 FT, LAUDERDALE, FL 33309			EBUTE KIND KEN DEREN BRE	E MERRIK MENANT MENAN MENAN MENANK MENANTAN SE EMBE
D	O NOT WRITE I	CE	03282008 No Chg-P CR2E034 (11/05)  4. FEt Number			
2101W CC SUITE 480	6. Name and Address of Current Registics, THOMAS S. MMERCIAL BLVD 00 RDALE, FL 33309	DO NOT WRITE IN THIS SPACE				
B. 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.  INOTE Registered Agent, signature required when remarkating)  OATE						
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Fine Trust Fund Contribution				00 May Be led to Fees		
10.	OFFICERS AND DIRE	CTORS	1			······································
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS OLESIEWICZ, THOMAS S. 2101W COMMERCIAL BLVO SUITE FT LAUDERDALE, FL	4800				
TISLE DVS NAME DEAQUINO, ANTHONY SIRELI ADDRESS 2101W COMMERCIAL BLVD SUITE 4800 CITY-ST-ZIP FT LAUDERDALE, FL					U00000 04/13/06	1486355 -80033-017 150.00
TITLE NAME STREET ADDRESS CITY -ST-ZIP				DO	NOT W	/RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SF	PACE
TITLE NAME STREET ADDRESS CXTY-ST-ZIP						

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 errowered 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: \_

TITLE NAME SIRELI ADDRESS

NONATURE AND TYPED OR PRINTY NAME OF SIGNING OFFICER OR DIRECTOR

3-29.06 954-731-5555