## 2005 FOR PROFIT CORPORATION

FILED
Apr 14, 2005 08:00 AM
Secretary of State

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DOCUMENT # V49505  1. Entity Name D'ANGELO REALTY, INC.				Secret	ary of State
Principal Place of Business 1400 BLUE POINT AVE 207 NAPLES, FL 34102 US	Mailing Address 1400 BLUE POINT AVE 207 NAPLES, FL 34102 US			484 (584) 5841 <b>6</b> 744 548 54	NA BABAK BURAK BABAK BABAK BABAK BA
DO NOT WRITE	IN THIS SPA		03252005  4. FEI Number 65-03600  5. Certificate of		CR2E034 (10/03)  Applied For Not Applicable  \$8.75 Additional
	<u></u>	1 PER 21/2	<u> 1</u>		Fee Required
6. Name and Address of Current R D'ANGELO, ANNETTE 1400 BLUEPOINT AVE #207 NAPLES, FL 34102	egistered Agent			NOT WE	
. ud		<u> </u>			
<ol> <li>The above named entity submits this statement for the obligations of registered agent.</li> </ol>	he purpose of changing its register	red office or registe	ared agent, or both,	, in the State of Floric	da. I am familiar with, and accept
are posigations of registered agents					<u></u>
SIGNATURE Signature, typed or printed name of registered agent an	d title if applicable. (NOTE Register	ed Agent signature require	d wren reinstating)	<del></del>	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.0	9. Election Campaign Fina	ińcing \$5	.00 May Be ded to Fees	<u></u>	
10. OFFICERS AND D	IRECTORS	_			
TITLE P NAME D'ANGELO, ANNETTE STREET ADDRESS 1400 BLUEPOINT AVE #207 CITY-ST-ZIP NAPLES, FL 34102		-		มกกกกล	205908
TITLE NAME STREET ADDRESS CITY-ST-ZIP				(14/14/ÚS-E	905908 80103-013 150.00
TITLE NAME STREET ADDRESS CITY -ST-ZIP	angang sa salah saket saket sa			NOT WI	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN T	THIS SPA	ACE
TITLE NAME STREET ADDRESS					

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 address, with all other like empowered.

SIGNATURE SIGNATURE AND TYPED OF PRINTED NAME OF BEAUNG OFFICER OR DIRECTOR

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V-6-05

239-175-5094