
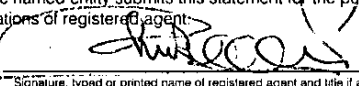
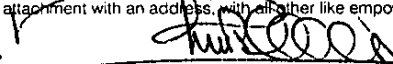


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2006 8:00 am
Secretary of State

06-08-2006 90003 019 ***158.75

DOCUMENT # P96000062290			
1. Entity Name S17TPA, CORP.			
Principal Place of Business 5101 NW 79 AVE MIAMI, FL 33166		Mailing Address 5101 NW 79 AVE MIAMI, FL 33166	
2. Principal Place of Business 6201 NW 102nd AVE.		3. Mailing Address 7845 NW 57th ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DORAL - FL		City & State DORAL - FL	
Zip 33178		Zip 33166	
Country		Country	
4. FEI Number 47-0879696		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		05152006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent BONVECCHIO, ALAIN M 6101 NW 79TH AVENUE MIAMI, FL 33166		7. Name and Address of New Registered Agent Name: Bonvecchio ALAIN M. Street Address (P.O. Box Number is Not Acceptable): 7845 NW 57th St. City: DORAL FL Zip Code: 33166	
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:  Bonvecchio ALAIN M.		DATE: 5-31-06	
SIGNATURE, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONVECCHIO, ALAIN M	NAME	
STREET ADDRESS	6101 NW 79TH AVENUE 7845 NW 57th St.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33166	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONVECCHIO C., ALAIN	NAME	
STREET ADDRESS	5101 NW 79TH AVENUE 7845 NW 57th St.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33166	CITY-ST-ZIP	
TITLE	TS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONVECCHIO C., ADOLFO H	NAME	
STREET ADDRESS	5101 NW 79TH AVENUE 7845 NW 57th St.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33166	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONVECCHIO C., ARIANNE B	NAME	
STREET ADDRESS	6101 NW 79TH AVENUE 7845 NW 57th St.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33166	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing 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 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:  ALAIN M. Bonvecchio		DATE: 5-31-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	

40095126



ATTACHMENT 40095126

Division of Corporations



Annual Report

Annual Report Help

Document Number P96000062290 Business Entity Name S17TPA, CORP.

FEI Number 470879696
FEI Number Status Listed Above Applied For Not Applicable
Certificate of Status Desired Yes No \$8.75 each
Election Campaign Financing Trust Fund Contribution Yes No

Principal Place of Business

Address 7845NW 57th STREET
Suite, Apt. #, etc.
City, State DORAL, FL
Zip Code & Country 33166

Mailing Address

Address 7845 NW 57th STREET
Suite, Apt. #, etc.
City, State DORAL, FL
Zip Code & Country 33166

Name and Address of Registered Agent

Name (Last, First, Middle, Title) BONVECCHIO, ALAIN, M

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 7845 NW 57th STREET

Suite, Apt. #, etc.

City, State DORAL, FL

Zip Code & Country 33166 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

ATTACHMENT

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#P96000062290

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature BONVECCHI ALAIN M.

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title	P
Name (Last, First, Middle, Title)	BONVECCHIO ALAIN M

- OR -

Entity Name to serve as Officer/Director	
Street Address	7845 NW 57th STREET
City, State	DORAL FL
Zip Code & Country	33166

Title	VP
Name (Last, First, Middle, Title)	BONVECCHIO C. ALAIN

- OR -

Entity Name to serve as Officer/Director	
Street Address	7845 NW 57th STREET
City, State	DORAL FL
Zip Code & Country	33166

Title	TS
Name (Last, First, Middle, Title)	BONVECCHIO C. ADOLFO H

- OR -

Entity Name to serve as Officer/Director	
Street Address	7845 NW 57th STREET
City, State	DORAL FL
Zip Code & Country	33166

Title	S
-------	---

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ATTACHMENT #P9600062290

Name (Last, First, Middle, Title) **BONVECCHIO C. , ARIANNE , B ,**

- OR -

Entity Name to serve as Officer/Director _____

Street Address **7845 NW 57th STREET**

City, State **DORAL , FL**

Zip Code & Country **33166**

Title _____

Name (Last, First, Middle, Title) _____

- OR -

Entity Name to serve as Officer/Director _____

Street Address _____

City, State _____

Zip Code & Country _____

Title _____

Name (Last, First, Middle, Title) _____

- OR -

Entity Name to serve as Officer/Director _____

Street Address _____

City, State _____

Zip Code & Country _____

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title **PRES**

Officer/Director Signature **BONVECCHIO ALAIN M.**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual. otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue Reset

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Division of Corporations

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#P96000062290

FL Department of State
Division of Corporations
Box 1500
Tallahassee FL 32302