


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000062290
 1. Entity Name
S17TPA, CORP.



Principal Place of Business 6201 NW 102ND AVE DORAL, FL 33178	Mailing Address 7845 NW 57TH ST DORAL, FL 33166
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DO NOT WRITE IN THIS SPACE



01182007 No Chg-P CR2E034 (11/05)

4. FEI Number 47-0879696	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

BONVECCHIO, ALAIN M
 7845 NW 57TH ST
 DORAL, FL 33166

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BONVECCHIO, ALAIN M 7845 NW 54TH ST DORAL, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BONVECCHIO C., ALAIN 7845 NW 57TH ST DORAL, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS BONVECCHIO C., ADOLFO H 7845 NW 57TH ST DORAL, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BONVECCHIO C., ARIANNE B 7845 NW 57TH ST DORAL, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/06/07-80030-007 150.00

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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 Bonvecchio 01-19-07 (126) ²⁸⁵⁻⁰⁷¹²
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #