


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # 670506 1. Entity Name L P SOTTINI ENTERPRISES, INC.	
--	---

Principal Place of Business 1721 NORTH DIXIE HIGHWAY POMPANO BCH, FL 33060 US	Mailing Address 1721 NORTH DIXIE HIGHWAY POMPANO BCH, FL 33060 US
---	---

**DO NOT WRITE IN THIS SPACE**



01172004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2009391	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, MICHAEL J.  
517 SW 1ST AVENUE  
SUITE 110  
FT. LAUDERDALE, FL 33301

**DO NOT WRITE IN THIS SPACE**

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 reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

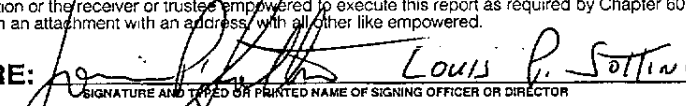
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000111934  
04/14/04-80002-020 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT SOTTINI, LOUIS P 2711 N.E. 46TH ST. L.H.P., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SOTTINI, JEAN 2711 N.E. 46TH ST. L.H.P., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 of 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:  **Louis P. Sottini** 4/12/04 **954-946-9600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #