


**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90220 026 \*\*\*150.00

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT # F56767**  
 1. Entity Name  
**TIVOLI REALTY, INC.**



**14010293**



Principal Place of Business  
**1741 MAIN STREET**  
**SUITE 101**  
**SARASOTA, FL 34236 US**

Mailing Address  
**1741 MAIN STREET**  
**SUITE 101**  
**SARASOTA, FL 34236 US**

2. Principal Place of Business  
**2127 Ringling Blvd**  
 Suite, Apt. #, etc.  
**Suite 102**  
 City & State  
**Sarasota FL**  
 Zip  
**34237**  
 Country  
**USA**

3. Mailing Address  
**2127 Ringling Blvd**  
 Suite, Apt. #, etc.  
**Suite 102**  
 City & State  
**Sarasota, FL**  
 Zip  
**34237**  
 Country  
**USA**

01302004 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2150534**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**VENABLE, JOSEPH P**  
**1400 4TH AVE W.**  
**BRADENTON, FL 34205**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**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

10. OFFICERS AND DIRECTORS

TITLE	TD	Delete
NAME <b>RIVOLTA, PIERO</b>		<input type="checkbox"/>
STREET ADDRESS <b>215 ROBIN DRIVE</b>		
CITY-ST-ZIP <b>SARASOTA, FL 34236</b>		
NAME <b>RIVOLTA, PIERO</b>		<input type="checkbox"/>
STREET ADDRESS <b>215 ROBIN DRIVE</b>		
CITY-ST-ZIP <b>SARASOTA, FL 34236</b>		
NAME <b>VENABLE, JOSEPH P.</b>		<input type="checkbox"/>
STREET ADDRESS <b>1400 4TH AVE W</b>		
CITY-ST-ZIP <b>BRADENTON, FL</b>		
NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Change	Addition
NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing 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: Piero Rivolta **Piero RIVOLTA** 4/25/04 **4/25/04** 941.954.0355 **941.954.0355**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #