2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # J48257

1. Entity Name
BRILLANTE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1463 MARKET STREET TALLAHASSEE, FL 32312	PO BOX 14076 TALLAHASSEE, FL 32317

DO NOT WRITE IN THIS SPACE

FILED
04 JAN 23 PH 12: 27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01132004   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
59-2746370		Not Applicable

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

6. Name and Address of Current Registered Agent

BRILLANTE, ROBERT J.
3992 BOBBIN BROOK CR.
TALLAHASSEE, FL 32312

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 _____

Signature, typed or printed name of registered agent and title if applicable.   (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	
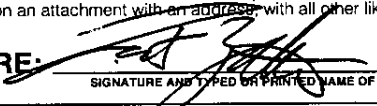
10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	BRILLANTE, ROBERT J.
STREET ADDRESS	3992 BOBBIN BROOK CR.
CITY-ST-ZIP	TALLAHASSEE, FL

5000275256615
01/23/04--01061--027 **150.00

DO NOT WRITE IN THIS SPACE

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

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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:

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