


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000021669</b> 1. Entity Name <b>FIRST SOURCE PAYROLL CORP.</b>	
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<b>Principal Place of Business</b> 1903 SOUTH CONGRESS AVE STE 160 BOYNTON BEACH, FL 33426	<b>Mailing Address</b> 1903 SOUTH CONGRESS AVE STE 160 BOYNTON BEACH, FL 33426
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**DO NOT WRITE IN THIS SPACE**



04062004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3706865</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CASCIO, CARL A  
639 E OCEAN AVE  
STE 207  
BOYNTON BEACH, FL 33435

**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.

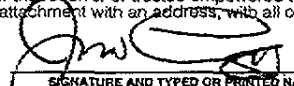
SIGNATURE Carl A. Cascio, P.A. DATE 4/19/04  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000121819 04/21/04-80004-009 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD LUCIANI, JOHN W III 1903 SOUTH CONGRESS AVE #160 BOYNTON BEACH, FL 33426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUCIANI, DORIAN 1903 SOUTH CONGRESS AVE #160 BOYNTON BEACH, FL 33426
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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)(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:  **John W. Luciani III** DATE 4/19/04 561-752-5255  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR C.E.O. Daytime Phone #