


FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90133 002 ***158.75

DOCUMENT # P01000089063		
1. Entity Name ANNAVINCENZO'S INC.		
Principal Place of Business 719 GARDENS DR., APT. 201 POMPANO BEACH, FL 33069		Mailing Address 719 GARDENS DR., APT. 201 POMPANO BEACH, FL 33069
2. Principal Place of Business 1930 NE 5th Ave Suite, Apt. #, etc.		3. Mailing Address 1930 NE 5th Ave Suite, Apt. #, etc.
City & State Boca Raton, Florida		City & State Boca Raton Florida
Zip 33431		Country USA
City & State Boca Raton, Florida		City & State Boca Raton Florida
Zip 33431		Country USA



04262004 Chg-P CR2E034 (10/03)

4. FEI Number
65-1134851

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 CAVELLO, MARK
 719 GARDENS DR., APT. 201
 POMPANO BEACH, FL 33089

7. Name and Address of New Registered Agent
 Name Concetta Cavello
 Street Address (P.O. Box Number is Not Acceptable)

1930 NE 5th Ave
 City Boca Raton FL Zip Code 33431

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] DATE 4/26/04

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CAVELLO, MARK 719 GARDENS DR., APT. 201 POMPANO BEACH, FL 33069 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Concetta Cavello 1930 NE 5th Ave. Boca Raton, FL. 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS CAVELLO, CONCETTA 719 GARDENS DR APT 201 POMPANO BEACH, FL 33069 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] DATE 4/26/04 DAYTIME PHONE # (954) 242-7179

Concetta Cavello