


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90021 007 ***150.00

DOCUMENT # P01000093194			
1. Entity Name NO LOGO, INC.			
Principal Place of Business 12363 PLEASANT GREEN WAY BOYNTON BEACH, FL 33437-2052		Mailing Address 12363 PLEASANT GREEN WAY BOYNTON BEACH, FL 33437-2052	
2. Principal Place of Business 5369 Myrtle Terr		3. Mailing Address 5369 Myrtle Terr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Plantation FL		City & State Plantation FL	
4. FEI Number 65-1143000		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8:75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPOFFORD, DAN 12363 PLEASANT GREEN WAY BOYNTON BEACH, FL 33437		7. Name and Address of New Registered Agent Name: Michael Abbaticchio Street Address (P.O. Box Number is Not Acceptable): 5369 Myrtle Terr City: Plantation FL Zip Code: 33317	
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: <i>Michael Abbaticchio</i>		DATE: 05-11-04	
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 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABBATICCHIO, MIKE	NAME	
STREET ADDRESS	5369 MYRTLE TERRACE	STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33317	CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, DENNIS	NAME	
STREET ADDRESS	8055 MARSHWOOD LN.	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL 33467	CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPOFFORD, DAN	NAME	
STREET ADDRESS	12363 PLEASANT GREEN WAY	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 334372052	CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOTT, JOHN	NAME	
STREET ADDRESS	12363 PLEASANT GREEN WAY	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 334372052	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <i>Michael Abbaticchio</i>		DATE: 05-11-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 954 816-1243	

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