


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90292 004 \*\*\*150.00

DOCUMENT # P01000096625			
1. Entity Name LOSCALZO ENTERPRISES, INC.			
Principal Place of Business 6910 N ARMENIA AVE. TAMPA, FL 33604		Mailing Address 6910 N ARMENIA AVE. TAMPA, FL 33604	
2. Principal Place of Business 13620 LAKE MAGDALENE BLVD Suite, Apt. #, etc. #302 City & State TAMPA FL Zip 33618 Country USA		3. Mailing Address 13620 LAKE MAGDALENE BLVD Suite, Apt. #, etc. #302 City & State TAMPA FL Zip 33618 Country HILLSBOROUGH	
02272005 Chg-P CR2E034 (10/03)		4. FEI Number 59-3748983 Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LOSCALZO, JOHN 6910 N ARMENIA AVE. TAMPA, FL 33604		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 13620 LAKE MAGDALENE BLVD #302 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, 2005 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be <input type="checkbox"/> Trust Fund Contribution. <input checked="" type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOSCALZO, JOHN <del>6910 N ARMENIA AVE.</del> TAMPA, FL 33604	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13620 LAKE MAGDALENE BLVD #302
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
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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: <i>John Loscalzo</i>		Date: 5/18/05 Daytime Phone #: 813-731-3327 813-930-2855	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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