


**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90278 002 \*\*\*150.00

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # P94000019808</b>			
1. Entity Name <b>LIZBRIT CORPORATION</b>			
Principal Place of Business <b>719 -4 WHITNEY AVE LANTANA, FL 33462</b>		Mailing Address <b>719 -4 WHITNEY AVE LANTANA, FL 33462</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
04282004		Chg-P CR2E034 (10/09)	
4. FEI Number <b>64-0485656</b>		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 <b>ZARETSKY, RICHARD P 1655 PALM BEACH LAKES BLVD SUITE 900 WEST PALM BEACH, FL 33401</b>		7. Name and Address of New Registered Agent Name <b>JOE BRILLANTE</b> Street Address (P.O. Box Number is Not Acceptable) <b>719 -4 WHITNEY AVE</b> City <b>LANTANA</b> FL Zip Code <b>33462</b>	
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 <input checked="" type="checkbox"/> <b>JOSEPH BRILLANTE (DIRECTOR)</b> <i>Joseph C. Brillante</i> DATE <b>4/27/4</b>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<b>D</b> <b>BRILLANTE, JOSEPH</b> <b>719-4 WHITNEY AVE</b> <b>LANTANA, FL 33462</b> <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	<b>D</b> <b>TUMAN, HOWARD</b> <b>719-4 WHITNEY AVE</b> <b>LANTANA, FL 33462</b> <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 807, 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>Joseph C. Brillante</i>		Date: <b>4/27/4</b> Phone: <b>561-5472676</b>	