

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000000997

1. Entity Name

SICILIANO ENTERPRISES, INC.



Principal Place of Business

865 SOUTH CONGRESS AVENUE
WEST PALM BEACH, FL 33406 US

Mailing Address

865 S CONGRESS LN
W PALM BEACH, FL 33406 US



02182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0631525

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SICILIANO, MICHAEL
865 S CONGRESS AVE
W PALM BEACH, FL 33406

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

000000116147
04/16/04-80052-019 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SICILIANO, MICHAEL
STREET ADDRESS 865 S CONGRESS AVE
CITY-ST-ZIP W PALM BEACH, FL 33071

TITLE VD
NAME KEATHLEY, TIMOTHY
STREET ADDRESS 865 S CONGRESS AVE
CITY-ST-ZIP W PALM BEACH, FL 33071

TITLE ST
NAME GUTIERREZ, DORY
STREET ADDRESS 865 S CONGRESS AVE
CITY-ST-ZIP W PALM BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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 line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/10/04 561-640-0704