2004 FOR PROFIT CORPORATION **ANNUAL REPORT** 

SIGNATURE:

Feb 04, 2004 08:00 AM Secretary of State DOCUMENT # P98000001482 J.C. MASSOLO INC. Principal Place of Business Mailing Address 15827 N.W. 16TH STREET 15827 N.W. 16TH STREET PEMBROKE PINES, FL 33028 PEMBROKE PINES, FL 33028 01062004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0804922 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MASSOLO, JOSE C DO NOT WRITE 15827 N.W. 16TH STREET PEMBROKE PINES, FL 33028 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 little if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10, **PSTD** TITLE MASSOLO, JOSE C NAME STREET ADDRESS 15827 N.W. 16TH STREET CITY-ST-ZIP PEMBROKE PINES, FL 33028 U000000033778 02/05/04-80056-016 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 perturbate 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 all address, with all other like empowered:

ED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

FILED