

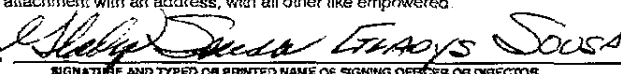


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 647049 1. Entity Name ANGELO'S OF PALM BEACH, INC.			
Principal Place of Business 328 S COUNTY ROAD PALM BEACH, FL 33480-4457		Mailing Address 328 S COUNTY ROAD PALM BEACH, FL 33480-4457	
			
		01162004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-1961775	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			
SOUSA, ANGELO 328 S COUNTY RD PALM BEACH, FL 33480			
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 reconstituting) DATE _____			
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			
TITLE	D		
NAME	SOUSA, ANGELO		
STREET ADDRESS	328 S COUNTY RD		
CITY-ST-ZIP	PALM BCH, FL		
TITLE	DST		
NAME	SOUSA, GLADYS		
STREET ADDRESS	328 S COUNTY RD		
CITY-ST-ZIP	PALM BCH, FL		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
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)(f), 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: 		1/13/04 (56) 657-7303	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	