


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2004 8:00 am**  
**Secretary of State**

07-14-2004 90006 001 \*\*\*150.00

<b>DOCUMENT # 684584</b>	
1. Entity Name <b>PETER STRIANO, JR., P.A.</b>	

Principal Place of Business <b>2840 N.W. 115TH TERRACE CORAL SPRINGS, FL 33065</b>	Mailing Address <b>2840 N.W. 115TH TERRACE CORAL SPRINGS, FL 33065</b>
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**44048550**



2. Principal Place of Business <b>11182 N.W. 68TH. PL.</b>	3. Mailing Address <b>11182 N.W. 68TH. PL.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>PARKLAND, FL. 33076</b>	City & State <b>PARKLAND, FL. 33076</b>
Zip	Country

07022004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>STRIANO, PETER JR. 2840 N.W. 115TH TERRACE CORAL SPRINGS, FL 33065</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	<b>11182 N.W. 68TH. PL.</b>
City	<b>PARKLAND, FL. 33076</b>
State	<b>FL</b>
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	DATE
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<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	<b>STRIANO, PETER JR.</b>
STREET ADDRESS	<b>2840 N.W. 115TH TERRACE</b>
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33065</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>11182 N.W. 68TH. PL.</b>
CITY-ST-ZIP	<b>PARKLAND, FL. 33076</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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.

<b>SIGNATURE:</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #



Tax and Financial Accountants

STEPHEN M. Golding Co., Ltd.

Attachment  
#682584  
44048550

DEPARTMENT OF STATE

TO WHOM IT MAY CONCERN:

I WISH TO APOLOGIZE FOR THE DELAY, BUT I DID NOT RECEIVE THE  
NOTICE FROM THE DEPARTMENT OF STATE.

INCLUDED WITH THE SIGNED REPORT IS MY CHECK IN THE AMOUNT OF \$150.00.

AS PER THE AGREEMENT WITH YOUR OFFICE.

SINCERELY,

PETER STRIANO, JR.