2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 25, 2004 08:00 AM Secretary of State **DOCUMENT # F03000003161** DANIEL SCUDERI ANTIQUES, INC. Principal Place of Business Mailing Address 1855 GRIFFIN RD. A-117 130 W. 29TH STREET NEW YORK, NY 10001 DANIA BEACH, FL 33004 No Chg-P CR2E034 (10/03) 03222004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 13-3629011 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCUDERI, DANIEL DO NOT WRITE 1010 S. OCEAN BLVD. #912 POMPANO BEACH, FL 33062 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, typed or printed name of registored agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 1/000000096294 Trust Fund Contribution. Added to Fees '25/04-80024-007 158.75 OFFICERS AND DIRECTORS 10. TITLE SCUDERI, DANIEL NAME 1855 GRIFFIN RD. A-117 STREET ADDRESS **DANIA, FL 33004** CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP 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.

SIGNATURE: _

NAME STREET ADDRESS CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIG