2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F20473

1. Entity Name
LINSONI, INC.

Principal Place of Business	Mailing Address
290 N.E. 51ST STREET FT. LAUDERDALE, FL 33334	290 N.E. 51ST STREET FT. LAUDERDALE, FL 33334

01052004   No Chg-P   CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2062474	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LAMPASONE, DONALD J
290 NE 51 ST
FORT LAUDERDALE, FL 33334

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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

U00000105291
04/07/04-00019-003 300.00

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	LAMPASONE, DONALD J
STREET ADDRESS	290 N.E. 51ST ST.
CITY-ST-ZIP	FT LAUDERDALE, FL 00000,
TITLE	D
NAME	LAMPASONE, LINDA T
STREET ADDRESS	5240 NE 18TH TERRACE
CITY-ST-ZIP	FT LAUDERDALE, FL 00000,
TITLE	D
NAME	LAMPASONE, DONALD
STREET ADDRESS	290 NE 51ST ST.
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   03/31/04   954/772 1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #