2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 09, 2004 8:00 am Secretary of State

DOCUI 1. Entity Nam BOSCO F	ne	# G64309 INC.					02-16-2004			50.00
Principal Place of Business % MARY M. BOSCO 1885 AURORA ROAD MELBOURNE, FL 32935			Mailing Address % MARY M. BOSCO 1885 AURORA ROAD MELBOURNE, FL 32935				664U			
2. Principal Place of Business % Albert Bosco			3. Mailing Address 8 Albert Bosco		!					
Suite, Apt. #, etc. 1885 Aurora Rd.			Suite, Apt. #, etc. 1885 Aurora Rd.		01302004	Chg-P	CR2E03	34 (10/03)		
		FL 32935	City & State Melbourne			4. FEI Number 59-23438	308		No	oplied For ot Applicable
Zip		Country	Zip	Coun	ntry	5. Certificate of	Status Desired		8.75 Add ee Require	
25 - 1-22-1-2	6Name	and Address of Current	Registered Agent			7. Name and A	ddress of New.R	egistered A	gent	
					Name					
ALBERT J 1885 AUR MELBOUR	OA RD	2935			Street Address (P.O. Box Number is Not Acceptable)					
					City			FL	Zip Code	e
	named entity tions of regist		r the purpose of changing its	register	ed office or register	red agent, or both,	in the State of Flo	rida. I am fa	amiliar with,	and accept
SIGNATURE	Signature, typed	or printed name of registered agent 6	and title if applicable. (NOTE	: Registers	ed Agent signature required	I when reinstating)		DATE		
	E NOW!!!		B. Flasting Compai							
After Ma		FEE IS \$150.00 1 Fee will be \$550.0	9. Election Campai Trust Fund Cont			.00 May Be led to Fees				
After Ma			Trust Fund Cont		Add	ed to Fees	HANGES TO OFFI	CERS AND	DIRECTORS	S IN 11
10. TITLE NAME STREET ADDRESS	DPS BOSCO, A 2179 PINE	OFFICERS AND ALBERT J EAPPLE AVE	Trust Fund Cont	11, TITL NAM	E EET ADDRESS	ed to Fees	HANGES TO OFFI		DIRECTORS Change	S IN 11 Addition
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Interest on this report or supplemental report is true and acculate 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 tustee emptwered 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 better the empowered.

SIGNATURE

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

x 3-5-04

Daytime Phone

FOR PROFIT CORPORATION

UNIFORM BUSINI	ESS REPORT	(UBR)	2/16/2004-90028-001-\$150.00-\$150	0.00
DOCUMENT # G 6430 1. Erility Name Bosco Realty	TNO		p	
MARIE PER MARIE MARIE				4.40
			(n(a)	10S42
DO NOT WRITE	IN THIS SP	ACE	1	103.12
2. Principal Place of Business	3. Mailing Address			
Calles And All ask	Coite And # An	 /)	
1885 Auroja Road	1885 Huro	ira Kd	DO NOT WRITE IN THIS SP	
Mr Thourse Fla	Me bourne	Fla	4. FEI Number 59-2343808	Applied For Not Applicable
Zing 2495 Country	32935	Country		8.75 Additional
		Name V	7. Name and Address of Current Registered A	Agent
DO NOT W	RITE	[]4	(P.O. Box Nymber is Not Acceptable)	Bosco-
IN THIS SE	 	Silieet Addiess	85 Augra RL	
		City Admit 1	(Zin Code
8. The above named entity submits this statement to	or the purpose of changing its re		bourne FL ared agent or both, in the State of Florida, Lam fan	3293-5
the obligations of registered agent.	*	ogisiolog dilleg of rogiot.	tood again, or boar, writte class of Froncia, Farman	William Williams
SIGNATURE Signature, typed or printed name of registered agent	and title of annilleable (NOTE)	Registered Agent signature require	ed when (einstating) OATE	
January 1. May 1 Fee is \$150.00 After May 1. Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department o			9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10. OFFICERS AND	DIRECTORS	TITLE		<u> </u>
NAMES STREET ADDRESS 2179 PINECE POLE QUE		NAME STREET ADDRESS		112//
CITY-SI-ZIP Mr bourne Fa	32935	CITY-ST-ZIP		034B
MANE D ACLOST		TITUE.		CR2-E034B (12/02
STREET ADDRESS 2010-) NICONDIC	due 525	STREET ADDRESS	All the state of t	
MILE MELBOURINE FLO	30475	Jure Cara-24-54		Constitution of the second
NAME BOSCO Alloged	ple are	NAME:		
CITY-ST-710 Melboulus	F6 32 935	CITY-ST-ZIP	DO NOT WRIT	E
TITLE NAME U	•	TITLE NAME	IN THIS SPAC	E
STREET AODRESS CITY-SI-ZIP		STREET ADDRESS		
TITLE		TITLE	and the second	
NAME STREET ADDRESS		:NAME STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		*
TITLE		TITLE NAME		
STREET ADDRESS CITY-ST-ZIP		STREET ADORESS'		
	h this filling does not qualify for t		Section 119.07(3)(i), Florida Statutes. I further certif	y that the information
12. I hereby certify that the information supplied wit indicated on this report or supplemental report of the corporation or the preciper fortustee em attachment with an address, with all other like e	a ride and according and that my powered to execute this report mpowered.)	y signature shall have the as required by Chapter	607, Florida Statutes, and that my name appears	in Block 10 or on an
SIGNATURE:	A-POCK	0	2/10/2004 32	1-23 9 0544
SIGNATURE AND TYPED OR	PRINTED HAME OF SIGNING OFFICER O	R DIRECTOR		/ime Prione 6
	V			