


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90067 018 ***150.00

DOCUMENT # M52652 1. Entity Name TREVISIO, INC.			
Principal Place of Business 721 LINCOLN RD MIAMI BCH, FL 33139 US		Mailing Address 721 LINCOLN RD MIAMI BCH, FL 33139 US	
2. Principal Place of Business 1688 Meridian Ave Suite, Apt. #, etc. Suite #400 City & State Miami Beach, FL Zip 33139 Country USA		3. Mailing Address 1688 Meridian Ave Suite, Apt. #, etc. Suite #400 City & State Miami Beach FL Zip 33139 Country USA	
4. FEI Number 59-2806767		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SBROGGIO, GRAZIANO 721 LINCOLN RD MIAMI BCH, FL 33139		7. Name and Address of New Registered Agent Name Sbroggio, Graziano Street Address (P.O. Box Number is Not Acceptable) 1688 Meridian Ave Suite #400 City Miami Beach FL Zip Code 33139	
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 <u><i>[Signature]</i></u> Registered Secretary 3/22/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT <input type="checkbox"/> Delete FREGONESE, ANDREA 721 LINCOLN RD MIAMI BCH, FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Fregonese, Andrea 1688 Meridian Ave Ste 400 Miami Beach, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete SBROGGIO, GRAZIANO 721 LINCOLN RD MIAMI BCH, FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Sbroggio, Graziano 1688 Meridian Ave Ste 400 Miami Beach, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 life empowered.			
SIGNATURE: <u><i>[Signature]</i></u> Graziano Sbroggio 3/22/04 (305) 532-1233 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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