FILED Apr 30, 2004 8:00 am Secretary of State 04-30-2004 90226 043 ****61.25

2004	NO.	T-FOR-P	ROFIT	CORP	ORATION
		ANNU	AL REF	PORT	

DOCUMENT # N15783 1. Entity Name SAN DAMIANO ENTERPRISES, INC.							04-30-2004	70220 0-			
Principal Place 3001 W. DR. TAMPA, FL 3	MARTIN LUTHER KING JR. BLVD.		TTN: ISAAC MALLAH 001 W. DR. M.L.K. JR BLVD			<u> </u>	181 BIJII 1880 1870 1) 7425 []]] []]		
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04282004	Chg-NP	CR2E03	7 (10/03)			
City & State		City & State				4. FEI Number 59-28225	514		_ 	oplied For ot Applicable	
Zip	Country	Zip Count		try		5. Certificate of	Status Desired		\$8.75 Add		
	6. Name and Address of Current Rec	istered Agent		7. Name and Address of New Registered Agent							
MALLAH, ISAAC 3001 W. DR. MARTIN LUTHER KING JR. BLVD. TAMPA, FL 33607			L	Street Address (P.O. Box Number is Not Acceptable)							
	·			City				FL	Zip Cod	le	
	named entity submits this statement for this of registered agent. Signature, typed or printed name of registered agent and the statement of t					ed agent, or both,	in the State of F	lorida. I am I	familiar with,	and accept	
	Filing Fee is \$61.25 Due by May 1, 2004 9. Election Campaig Trust Fund Contril				3	\$5.00 May Be Added to Fees		Make checi rida Depar			
10.	OFFICERS AND DIRECTORS		11.	11.		ODITIONS/CHAN	IGES TO OFFIC	ERS AND DIF	RECTORS IN	10 Addition	
NAME STREET ADDRESS (CITY-ST-ZIP	MALLAH, ISAAC 3001 W. M.L.K, JR. BLVD			ADORESS T-ZIP					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WALLACE, GEORGE 3001 W DR. MARTIN LUTHER KING JR BLVD			ADORESS 3	3001	ER, CATHY L W DR. M	ARTIN LU 3607	THER K	□ Change ING JR	⊠ Addition BLVD	
TITLE NAME STREET ADDRESS "CITY-ST-ZIP	SD VAALER, MARK MD 3001 W. M.L.K. JR. BLVD TAMPA, FL 33607	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS			300,	- Marian A	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD YELVINGTON, FLEURY 3001 W. DR. M.L.K, JR, BLVD TAMPA, FL 33607	□ Detete	TITLE NAME STREET CITY-SI	ADDRESS ST-ZIP					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUBIN, MIKE 3001 W. DR. M.L.K, JR. BLVD TAMPA, FL 33607	☐ Delete	TITLE NAME STREET CITY-S	TADDRESS ST-ZIP					☐ Change	☐ Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete	CITY-S						☐ Change	Addition	
12. I hereby certify that the information supplied with this filling does not qualfy 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 of the receiver or trustee empowered to execute this report as required by Chapter 617, 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: 4/29/04 (813) 870–4000											