


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000002633</b> 1. Entity Name <b>THE PRIMO CARNERA FOUNDATION, INC.</b>	
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Principal Place of Business <b>143 WOODETTE DR DUNEDIN, FL 34698</b>	Mailing Address <b>143 WOODETTE DR DUNEDIN, FL 34698</b>
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**DO NOT WRITE IN THIS SPACE**



02162004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3564037</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
  
**CARNERA, UMERTO  
143 WOODETTE DR.  
DUNEDIN, FL 34698**

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

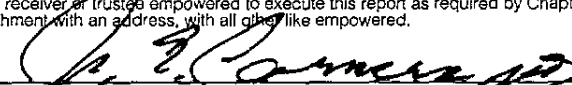
9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

660000069231  
03/01/04-80007-019 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARNER, GIOVANNA M 143 WOODETTE DR. DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FURIA, ARTHUR J 800 BRICKELL AVE. MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TARTAGLIA, GIANLUCA 800 BRICKELL AVE. MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CARNERA, UMBERTO E MD 1714 CURLEW RD. DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 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:**  **2/25/04 728 7347077**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #