

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 21, 2004 8:00 am**  
**Secretary of State**

07-21-2004 90026 030 \*\*\*150.00

**DOCUMENT # P00000046149**

1. Entity Name  
**REUSCA ENTERPRISES, INC.**



Principal Place of Business  
**4503 BLUE TEE CT., #58  
TAMPA, FL 33613**

Mailing Address  
**4503 BLUE TEE CT., #58  
TAMPA, FL 33613**



05022004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3645299**

Applied For
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**GONZALEZ, OSCAR  
4504 BLUE TEE CT., #70  
TAMPA, FL 33613**

**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

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  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	DI MELLA, ARANGELO H
STREET ADDRESS	4503 BLUE TEE CT., #58
CITY-ST-ZIP	TAMPA, FL 33613

TITLE	STD
NAME	GONZALEZ, OSCAR
STREET ADDRESS	4503 BLUE TEE CT., #58
CITY-ST-ZIP	TAMPA, FL 33613

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

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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 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:**

*Oscar Gonzalez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/02/04

Date

(813) 632-2876

Daytime Phone #