## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P00000096714**

NAPOLIELLO OF FLORIDA, INC.



Principal Place of Business

4104 AURORA ST. CORAL GABLES, FL 33146 Mailing Address

4104 AURORA ST. CORAL GABLES, FL 33146

## **FILED** Apr 19, 2004 8:00 am Secretary of State

04-19-2004 90737 002 \*\*\*150.00



01072004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-1051095

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6: Name and Address of Current Registered Agent

YEUNG, HING YU

## DO NOT WRITE

4104 AURORA ST. CORAL GABLES, FL 33146			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 Age	nt signature	required when reinstating)	DATE	
FIL		Election Campaign Financing     Trust Fund Contribution. ,		\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAPOLIELLO, ANTHONY 4104 AURORA ST. CORAL GABLES, FL 33146	1003				
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP	y years and the same of		_	DO	NOT WRITE	T.
NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-		4		

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP