


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90068 025 ***150.00

DOCUMENT # P00000101686	
1. Entity Name CASQUINELLI ENTERPRISES, INC.	

Principal Place of Business 4959 SW 4TH ST MARGATE, FL 33068-3103	Mailing Address 4959 SW 4TH ST MARGATE, FL 33068-3103
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64006426

2. Principal Place of Business 5186 NW 50 TERR	3. Mailing Address 5186 NW 50 TERR
Suite, Apt. #, etc.	Suite, Apt. #, etc.



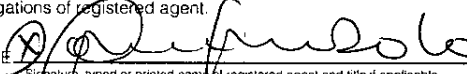
01142004 Chg-P CR2E034 (10/03)

City & State COCONUT CREEK, FL	City & State COCONUT CREEK
Zip 33073-4964	Zip 33073-4964
Country	Country

4. FEI Number 65-1054452	Applied For <input type="checkbox"/> Not Applicable
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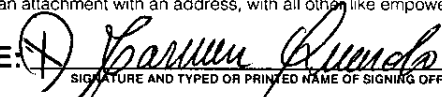
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent QUEIROLO, VICTOR 4959 SW 4TH ST MARGATE, FL 33068-3103	
7. Name and Address of New Registered Agent Name VICTOR QUEIROLO Street Address (P.O. Box Number is Not Acceptable) 5186 NW 50 TERR City COCONUT CREEK FL Zip Code 33073-4964	

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 	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP QUEIROLO, VICTOR 4959 SW 4TH ST MARGATE, FL 330683103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5186 NW 50 TERR COCONUT CREEK, FL. 33073-4964
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS QUEIROLO, CARMEN 4959 SW 4TH ST MARGATE, FL 330683103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5186 NW 50 TERR COCONUT CREEK, FL. 33073-4964
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
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 like empowered.	
SIGNATURE: 	1-14-04 (954) 428-8208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #