2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 23, 2004 08:00 AM **Secretary of State DOCUMENT # P00000102973** PIZANO MASONRY, INC. Principal Place of Business Mailing Address 5114 OKEECHOBEE BLVD 5114 OKEECHOBEE BLVD WEST PALM BEACH, FL 33417 WEST PALM BEACH, FL 33417 No Chg-P CR2E034 (10/03) 02182004 DO NOT WRITE IN THIS SPACE 4. FEI Number 65-1052022 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE PIZANO, LUZ 4151 RUTH ROAD LAKE WORTH, FL 33461 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DP TATLE PIZANO, LUZ NAME STREET ADDRESS 4151 RUTH ROAD U00000061367 CITY-ST-ZIP LAKE WORTH, FL 33461 02/23/04-80076-0**24 150.00** TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: 🖆 SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME STREET ADDRESS C8Y-ST-718

Daytime Phone 8

FILED