

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000018121

1. Entity Name
MICHAEL FAELLA, INC.



Principal Place of Business
1674 GOULD AVENUE SW
PALM BAY, FL 32907

Mailing Address
1674 GOULD AVENUE SW
PALM BAY, FL 32907

DO NOT WRITE IN THIS SPACE

**FILED
Apr 28, 2004 8:00 am
Secretary of State**

04-28-2004 90231 034 ***150.00

14010817



03142004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3703819	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FAELLA, EMERY M
1674 GOULD AVENUE SW
PALM BAY, FL 32907

**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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	FAELLA, EMORY M
STREET ADDRESS	1674 GOULD AVENUE SW
CITY-ST-ZIP	PALM BAY, FL 32907

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Emery M. Faella* Pres 3/14/04 (321) 768-2919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #