


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2004 08:00 AM
Secretary of State

| | | | | | |
|---|-----------------------|---------------------------------|--|---|-----------------------------------|
| DOCUMENT # P01000037735 | | | |  | |
| 1. Entity Name G. SCURO CORP. | | | | | |
| Principal Place of Business 14310 S W 122ND COURT MIAMI FL 33186 | | | Mailing Address 14310 S W 122ND COURT MIAMI FL 33186 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-1103636 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent SCURO, GIUSEPPE 14310 S W 122ND COURT MIAMI FL 33186 | | | | 7. Name and Address of New Registered Agent | |
| Name | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | | | FL Zip Code | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SCURO, GIUSEPPE | | NAME | | |
| STREET ADDRESS | 14310 S W 122ND COURT | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33186 | | CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SCURO, ROSA M | | NAME | | |
| STREET ADDRESS | 14310 S W 122ND COURT | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33186 | | CITY-ST-ZIP | | |
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MOORE CR2E034 (11/03)

4. FEI Number **65-1103636**

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

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| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
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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: _____ **03-04-04** **(305)9927121**