2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004
Secretary of State

DOCUMENT# P01000042233

Entity Name: FUOCO, INC.

Current Principal Place of Business:

175 SUNNY ISLES BLVD
SUNNY ISLES BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

175 SUNNY ISLES BLVD
SUNNY ISLES BEACH, FL 33160

New Mailing Address:

FEI Number: 65-1104317 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GONZALEZ, WALTER
175 SUNNY ISLES BLVD
SUNNY ISLES BEACH, FL 33160

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GONZALEZ, WALTER
Address: 175 SUNNY ISLES BLVD
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: TD ( ) Delete
Name: MECOZZI, FLAVIA
Address: 175 SUNNY ISLES BLVD
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: MECOZZI, FLAVIA
Address: 2500 PARKVIEW DRIVE APT 2103
City-St-Zip: HALLANDALE, FL 33009

Title: SC ( ) Change (X) Addition
Name: MECOZZI, KARINA
Address: 912 NE 27 AVE
City-St-Zip: HALLANDALE, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FLAVIA MECOZZI TD 05/03/2004

Electronic Signature of Signing Officer or Director — Date