

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000057207

FILED
Apr 13, 2004
Secretary of State

Entity Name: ROMAN FEDO, INC.

Current Principal Place of Business:

4065 SOUTH MILITARY TRAIL
LAKE WORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

4065 SOUTH MILITARY TRAIL
LAKE WORTH, FL 33463

New Mailing Address:

FEI Number: 65-1114426

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUIST, R. SCOTT
745 US HIGHWAY ONE SUITE 102
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

SOLOMON, MARC
2600 N. MILITARY TRAIL
BOCA RATON, FL 33431 US

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: MARC SOLOMON

04/13/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: FEDO, ROMAN WALTER
Address: 16947 ADONADIRE LANE
City-St-Zip: WELLINGTON, FL

Title: DVPS () Delete
Name: LAZZARA, ANTHONY SAM
Address: 601 SOUTH SEAS DRIVE, UNIT 202
City-St-Zip: JUPITER, FL 33477

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: LAZZARA, ANTHONY SAM
Address: 601 SOUTH SEAS DRIVE, UNIT 202
City-St-Zip: JUPITER, FL 33477

Title: DVP (X) Change () Addition
Name: FEDO, ASHLEIGH Y
Address: 1707 GEORGIA AVENUE
City-St-Zip: WEST PALM BEACH, FL 33401

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: ANTHONY SAM LAZZARA

DPS

04/13/2004

Electronic Signature of Signing Officer or Director

Date