2004 FOR PROFIT CORPORATION

## **FILED ANNUAL REPORT** Apr. 12, 2004 08:00 AM Secretary of State **DOCUMENT # P01000063084** 1. Entity Name MODELLO, INC. Principal Place of Business Mailing Address 14 N FEDERAL HWY 14 N FEDERAL HWY DANIA BCH, FL 33004 DANIA BCH, FL 33004 02062004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent PERLBERG, ROBERT DO NOT WRITE 14 N FEDERAL HWY DANIA BCH, FL 33004 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 U00000108412 Trust Fund Contribution. Added to Fees 04/12/04-80002-012 OFFICERS AND DIRECTORS 10, TITLE **DPS** PERLBERG, ROBERT MAME STREET ADDRESS 14 N FEDERAL HWY CITY-ST-ZIP DANIA BCH, FL 33004 TITLE NAME STREET ADDRESS CMY-ST-ZIP TIDE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IIILE IN THIS SPACE NAME STREET AUDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 acquirate 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 an other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR