

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**7 Apr 14, 2004 08:00 AM
Secretary of State**

DOCUMENT # P01000081892

1. Entity Name

3-N-3 SOUTHERN FAUX, INC.



Principal Place of Business

**343 VIA MARIEL DRIVE
DAVENPORT, FL 33896**

Mailing Address

**343 VIA MARIEL DRIVE
DAVENPORT, FL 33896**



03272004

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1137017

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PASSERELLO, MICHAEL
343 VIA MARIEL DRIVE
DAVENPORT, FL 33896**

**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

U00000111972
04/14/04-80004-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PASSERELLO, MICHAEL
STREET ADDRESS	343 VIA MARIEL DRIVE
CITY-STATE-ZIP	DAVENPORT, FL 33896
TITLE	VPT
NAME	PASSERELLO, DENISE
STREET ADDRESS	343 VIA MARIEL DRIVE
CITY-STATE-ZIP	DAVENPORT, FL 33896
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Michael F. Passerello

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-04

Date

863-557-1965

Daytime Phone #