



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90461 027 ***150.00

DOCUMENT # P01000086596 1. Entity Name VIAGGIO, INC.					
Principal Place of Business 301 E. PINE ST. SUITE 150 ORLANDO, FL 32801			Mailing Address 301 E. PINE ST. SUITE 150 ORLANDO, FL 32801		
2. Principal Place of Business 2875 S. ORANGE AVE. Suite, Apt. #, etc. SUITE 500, BOX 1200 City & State ORLANDO, FL 32806 Zip 32806		3. Mailing Address 2875 S. ORANGE AVE. Suite, Apt. #, etc. SUITE 500, BOX 1200 City & State ORLANDO, FL Zip 32806			
Country USA		Country USA		05042004 Chg-P CR2E034 (10/03)	
4. FEI Number 59-3753996				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRYBUS, REBECCA E. 301 E. PINE ST., STE. 150 ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name REBECCA E. TRYBUS Street Address (P.O. Box Number is Not Acceptable) 2875 S. ORANGE AVE SUITE 500, BOX 1200 City ORLANDO FL Zip Code 32806		
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 REBECCA E. TRYBUS <i>Rebecca E. Trybus</i> 5/3/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TRYBUS, REBECCA E 1100 S. DELANEY AVE., APT. 823 ORLANDO, FL 32806	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT REBECCA E. TRYBUS 17749 C.R. 448 MT. DORA FL 32757	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GATES, JENNIFER 8805 BABCOCK STREET PALM BAY, FL 32909	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Rebecca E. Trybus</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			5/3/04 <small>Date</small>		407-538-0564 <small>Daytime Phone #</small>