
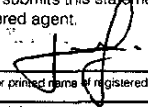



FILED  
May 03, 2004 8:00 am  
Secretary of State

05-03-2004 90735 039 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P01000094463</b>			
1. Entity Name <b>LUIZZI ENTERPRISE, CORP.</b>			
Principal Place of Business <b>3123 SEMORAN BL APT 293 ORLANDO, FL 32822</b>		Mailing Address <b>3123 SEMORAN BL APT 293 ORLANDO, FL 32822</b>	
2. Principal Place of Business <b>6255 BENT PINE DR Suite, Apt. #, etc. APTO 731 B City &amp; State ORLANDO FL Zip 32822</b>		3. Mailing Address <b>6255 BENT PINE DR Suite, Apt. #, etc. APTO 731 B City &amp; State ORLANDO FL Zip 32822</b>	
4. FEI Number <b>59-3748887</b>		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 <b>BATISTA, ILSON 3123 SEMORAN BL APT 293 ORLANDO, FL 32822</b>		7. Name and Address of New Registered Agent Name <b>BATISTA ILSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>6255 BENT PINE DR 731 B</b> City <b>ORLANDO</b> FL Zip Code <b>32822</b>	
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  DATE <b>4-27-04</b> (NOTE: Registered Agent signature required when reinstating)			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>BATISTA, ILSON 3123 S SEMORAN BLVD #293 ORLANDO, FL 32822</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BATISTA ILSON</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6255 BENT PINE DR 731 B ORLANDO FL</b>
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:  <b>ILSON BATISTA</b>		Date <b>4-27-04</b> Daytime Phone # <b>321-229-0316</b>	