
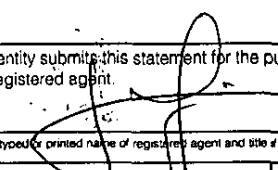
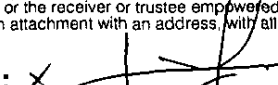


FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90527 030 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000094463			
1. Entity Name LUIZZI ENTERPRISE, CORP.			
Principal Place of Business 6255 BENT PINE DR APT 731-B ORLANDO, FL 32822		Mailing Address 6255 BENT PINE DR APT 731-B ORLANDO, FL 32822	
2. Principal Place of Business 2019 WINTERMERE POINT DR Suite, Apt. #, etc.		3. Mailing Address 2019 WINTERMERE POINT DR Suite, Apt. #, etc.	
City & State WINTER GARDEN FL		City & State WINTER GARDEN FL	
Zip 34787		Zip 34787	
Country		Country	
6. Name and Address of Current Registered Agent BATISTA, ILSON 6255 BENT PINE DR APT 731-B ORLANDO, FL 32822		7. Name and Address of New Registered Agent Name BATISTA ILSON Street Address (P.O. Box Number is Not Acceptable) 2019 WINTERMERE POINT DR City WINTER GARDEN FL Zip Code 34787	
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:  (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 BATISTA, ILSON 6255 BENT PINE DR APT 731-B ORLANDO, FL 32822 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BATISTA, ILSON 2019 WINTERMERE POINT DR WINTER GARDEN, FL 34787 <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: 		Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			