



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90292 004 \*\*\*150.00

<b>DOCUMENT # P01000096625</b> 1. Entity Name <b>LOSCALZO ENTERPRISES, INC.</b>					
Principal Place of Business 6910 N ARMENIA AVE. TAMPA, FL 33604			Mailing Address 6910 N ARMENIA AVE. TAMPA, FL 33604		
2. Principal Place of Business <i>13620 LAKE MAGDALENE BLVD</i> Suite, Apt. #, etc. <i>#302</i> City & State <i>TAMPA FL</i> Zip <i>33618</i> Country <i>USA</i>		3. Mailing Address <i>13620 LAKE MAGDALENE BLVD</i> Suite, Apt. #, etc. <i>#302</i> City & State <i>TAMPA FL</i> Zip <i>33618</i> Country <i>USA</i>			
4. FEI Number <b>59-3748983</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02272005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent <b>LOSCALZO, JOHN</b> <b>6910 N ARMENIA AVE.</b> <b>TAMPA, FL 33604</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>13620 LAKE MAGDALENE BLVD #302</i> City <b>FL</b> Zip Code		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing <b>\$5.00</b> May Be <input type="checkbox"/> Trust Fund Contribution. <input checked="" type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOSCALZO, JOHN <del>6910 N ARMENIA AVE.</del> TAMPA, FL 33604	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>13620 LAKE MAGDALENE BLVD #302</i>	
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	
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	
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>John Loscalzo</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <i>5/18/05</i> Daytime Phone # <i>813-731-3327</i> <i>813-930-2855</i>		