

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-10-2004 90458 018 ***158.75

DOCUMENT # P01000099844

1. Entity Name
FILLIPPO INTERNATIONAL CORP.



Principal Place of Business

**2250 SW 8 ST.
MIAMI, FL 33135**

Mailing Address

**2250 SW 8 ST.
MIAMI, FL 33135**

2. Principal Place of Business

342 SW 12 AVE

Suite, Apt. #, etc.

3. Mailing Address

342 SW 12 AVE

Suite, Apt. #, etc.

City & State

MIAMI Florida

Zip

33130

Country

MIAMI Dade

City & State

MIAMI Florida

Zip

33130

Country

MIAMI Dade

04272004

Chg-P

CR2E034 (10/03)

4. FEI Number

02-0627248

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MORALES, OSVALDO
2250 SW 8 ST.
MIAMI, FL 33135**

7. Name and Address of New Registered Agent

Name

MORALES OSVALDO

Street Address (P.O. Box Number is Not Acceptable)

342 SW 12 AVE

City

MIAMI

FL

Zip Code

33130

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**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PVD**
STREET ADDRESS **MORALES, OSVALDO**
CITY-ST-ZIP **2250 SW 8 ST.
MIAMI, FL 33135**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **PVD**
STREET ADDRESS **MORALES OSVALDO**
CITY-ST-ZIP **342 SW 12 AVE
MIAMI FL 33130**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Osvaldo Morales

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/04 (786) 355-1190

Date

Daytime Phone #