

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000003854

FILED  
Jan 28, 2004  
Secretary of State

Entity Name: THREE PERCENT REALTY INC.

## Current Principal Place of Business:

2421 VILLAGE BLVD., BLDG. 19, UNIT 101  
W. PALM BCH, FL 33409

## New Principal Place of Business:

## Current Mailing Address:

697 WOODWARD RD  
NORTH PROVIDENCE, RI 02904

## New Mailing Address:

FEI Number: 57-1196713

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

IACIOFANO, JOSEPH F  
2421 VILLAGE BLVD., BLDG. 19, UNIT 101  
W. PALM BCH, FL 33409 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: IACIOFANO, JOSEPH C  
Address: 697 WOODWARD RD  
City-St-Zip: N PROVIDENCE, RI 02904

Title: V ( ) Delete  
Name: IACIOFANO, JOSEPH P  
Address: 2155 REGENS BLVD  
City-St-Zip: W PALM BEACH, FL 33409

Title: T ( ) Delete  
Name: IACIOFANO, GINA M  
Address: 697 WOODWARD RD  
City-St-Zip: N PROVIDENCE, RI 02904

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: IACIOFANO, JOSEPH F  
Address: 697 WOODWARD RD  
City-St-Zip: N PROVIDENCE, RI 02904

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S ( ) Change (X) Addition  
Name: ELIZABETH, IACIOFANO A  
Address: 697 WOODWARD ROAD  
City-St-Zip: NORTH PROVIDENC, RI 02904

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH IACIOFANO

P

01/28/2004

Electronic Signature of Signing Officer or Director

Date