2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000012127

1. Entity Name
BEL GIARDINO, INC.

Principal Place of Business	Mailing Address
2726 NE 4TH DR.	2726 NE 4TH DR.
BOCA RATON, FL 33431	BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

01292004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
02-0553746	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GENTILE, ANTHONY JR
2726 NE 4TH DR
BOCA RATON, FL 33431

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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	U00000077936 03/08/04-80007-017 150.00

10.	OFFICERS AND DIRECTORS

TITLE	D
NAME	FASCETTI, MICHAEL T
STREET ADDRESS	2700 NE 4TH WAY
CITY-ST-ZIP	BOCA RATON, FL 33431

TITLE	D
NAME	GENTILE, ANTHONY JR
STREET ADDRESS	2726 NE 4TH DR.
CITY-ST-ZIP	BOCA RATON, FL 33431

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: ___ _Anthony Gentile_   2.15.04   561-395-0038

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #