


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 NOV 26 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 1. Entity Name <b>PRIMO PIANO, INC</b> <b>P02000013757</b>	
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**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>11201 W ATLANTIC BLVD</b>	3. Mailing Address <b>SAME</b>
Suite, Apt. #, etc. <b>1-24</b>	Suite, Apt. #, etc.
City & State <b>CORAL SPRINGS FL</b>	City & State <b>FL</b>
Zip <b>33071</b>	Country
Country	Country

**600024074626**  
**10/24/03--01017--004 \*\*150.00**

**REINSTATEMENT 03**  
**DO NOT WRITE IN THIS SPACE**

<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number <b>030388706</b>		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
	7. Name and Address of Current Registered Agent		
	Name <b>ROBERT MOFFA</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>11201 W ATLANTIC BLVD</b>			
Apt. # <b>APT 1-24</b>			
City <b>CORAL SPRINGS FL</b>		Zip Code <b>33071</b>	

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 *Robert Moffa* (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT ROBERT MOFFA 11201 W ATLANTIC BLVD 1-24 CORAL SPRINGS, FL 33071</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert Moffa* **11/19/03** Date Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

October 21, 2003

Florida Department of State  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

Re: FEI # 03-0388406 Primo Piano, Inc.

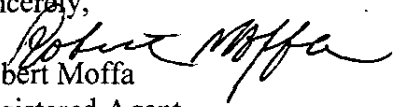
To whom it may concern:

Recently we filed our corporate tax return and our accountant asked us about filing the annual UBR. We check our files and could not see where we ever received any documents. He provided us with a blank UBR, which we have completed.

We are requesting that your office waive the reinstatement fee. Enclosed please find the reinstatement form along with a check in the amount of \$150.00 for the yearly registration fee.

Thank you for your patience and consideration in this matter.

Sincerely,

  
Robert Moffa  
Registered Agent