


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000013985</b> 1. Entity Name BRUNO CARNESELLA INC.	
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Principal Place of Business  
3380 MCDONALD STREET  
COCONUT GROVE, FL 33133

Mailing Address  
3380 MCDONALD STREET  
COCONUT GROVE, FL 33133



08032004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 01-0596988	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CARNESELLA, BRUNO G  
3380 MCDONALD STREET  
COCONUT GROVE, FL 33133

**DO NOT WRITE  
IN THIS SPACE**

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 (if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV CARNESELLA, BRUNO G 3380 MCDONALD STREET COCONUT GROVE, FL 33133
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000000153444  
08/05/04-80003-010 150.00

**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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/03/04 (305) 448-1418  
Day Daytime Phone #