

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000019436

FILED
Apr 30, 2004
Secretary of State

Entity Name: DE FILIPPI ENTERPRISES, INC.

Current Principal Place of Business:

1500 SAN REMO AVE., SUITE 103
CORAL GABLES, FL 33146

New Principal Place of Business:

169 E.FLAGLER ST.
SUITE 1534
MIAMI, FL 33131

Current Mailing Address:

1500 SAN REMO AVE., SUITE 103
CORAL GABLES, FL 33146

New Mailing Address:

169 E.FLAGLER ST.
SUITE 1534
MIAMI, FL 33131

FEI Number: 04-3713598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARED AND ASSOC., P.A.
1500 SAN REMO AVE STE 103
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

NICENBOIM, JOSE
169 E.FLAGLER ST.
SUITE 1534
MIAMI, FL 33131 US

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: JOSE NICENBOIM

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DE FILIPPI, ANDRIAN E
Address: 1500 SAN REMO #103
City-St-Zip: CORAL GABLES, FL 33146

Title: D () Delete
Name: DE FILIPPI, MARIELA A
Address: 1500 SAN REMO AVE #103
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: DEFILIPPI ADRIAN

D

04/30/2004

Electronic Signature of Signing Officer or Director

Date