2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000045952

LAW OFFICES OF LISA ESPOSITO, P.A.



Principa! Place of Business

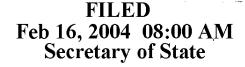
4830 W. KENNEDY BLVD.

SUITE 335 **TAMPA, FL 33609** Mailing Address

4830 W. KENNEDY BLVD.

SUITE 335

TAMPA, FL 33609





DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

02102004 No Chg-P CR2E034 (10/03) Applied For 4. FEI Number 30-0067355

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE ESPOSITO, LISA A 4830 W. KENNEDY BLVD. **SUITE 335** IN THIS SPACE TAMPA, FL 33609

the obligations of registered agent.			e e e e e e e e e e e e e e e e e e e
SIGNATURE Signature, typed or printed name of registered agent and ti	tie if applicable. (NOTE: Registe	ered Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	Election Campaign Fin Trust Fund Contribution		
10. OFFICERS AND DIRECTORS			
TITLE PSTD NAME ESPOSITO, LISA A STREET ADDRESS 4830 WEST KENNEDY BLVD., STE TAMPA, FL 33609	ESPOSITO, LISA A 4830 WEST KENNEDY BLVD., STE 335		U00000052027 02/16/04-80075-014 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this	Cilles also ask quality for the	complian stated in Section 110 07/2	VI) Clarida Statutae I further cartify that the information

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

indicated on this report or supplied wait this himing does not quality 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. 813-223

SIGNATURE