



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90018 013 ***150.00

DOCUMENT # P02000050064					
1. Entity Name FANIZZI INTERNATIONAL, INC.					
Principal Place of Business 140 ROYAL PALM WAY #202 PALM BEACH, FL 33480			Mailing Address 140 ROYAL PALM WAY #202 PALM BEACH, FL 33480		
2. Principal Place of Business 2455 E. Sunrise Blvd. Suite, Apt. #, etc. # 400 City & State Fort Lauderdale, FL Zip 33304 Country US		3. Mailing Address 2455 E. Sunrise Blvd. Suite, Apt. #, etc. # 400 City & State Fort Lauderdale, FL Zip 33304 Country US		54008638 	
4. FEI Number 54-2064132				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FANIZZI, CHRISTINE 4241 W TRADEWINDS LAUDERDALE BY THE SEA, FL 33308			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <u>Christine Fanizzi</u> <u>Christine Fanizzi</u> <u>2-16-04</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD FANIZZI, CHRISTINE 4241 W TRADEWINDS AVE FT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Christine Fanizzi</u> <u>Christine Fanizzi</u> <u>2-16-04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					