

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-12-2004 90645 038 ***150.00

DOCUMENT # P02000060311 1. Entity Name PETRUZZELLI ENTERPRISES, INC.	
---	---

Principal Place of Business 9858 GLADES RD BOCA RATON, FL 33434	Mailing Address 9858 GLADES RD BOCA RATON, FL 33434
---	---

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0705779	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PETRUZZELLI, DONNA 9858 GLADES RD BOCA RATON, FL 33434

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: <i>Donna Petruzzelli, Pres.</i> Signature of person or printed name of registered agent, if applicable	DATE: <i>4-7-04</i> (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETRUZZELLI, DONNA 9858 GLADES RD BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: <i>Donna Petruzzelli, Pres.</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>Donna PETRUZZELLI</i>	DATE: <i>4-26-04</i> Date	DAYTIME PHONE: <i>561-882-1631</i> Daytime Phone
---	---	--