2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 FEB -9 AM 8:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000072801

1. Entity Name
FAMBUS, INC.

Principal Place of Business	Mailing Address
1106 N. FRANKLIN STREET TAMPA, FL 33602	1106 N. FRANKLIN STREET TAMPA, FL 33602

01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0630338

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GIUDA, GEORGE K
1106 N. FRANKLIN STREET
TAMPA, FL 33602

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable (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	PS
NAME	TESTAVERDE, VINCENT
STREET ADDRESS	7654 VIENNA LN
CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	VT
NAME	TESTAVERDE, MITZI
STREET ADDRESS	7654 VIENNA LN
CITY-ST-ZIP	PORT RICHEY, FL 34668
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	

U00000003758
01/13/04-80070-001 150.00

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #