## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 31, 2004 08:00 AM Secretary of State

1. Entity Nam	MENT # P02000107 Å mazzeo p.a.	928				·	
Principal Plac 440 SW 18 T MIAMI, FL 3	ER	Mailing Address 440 SW 18 TER MIAMI, FL 33129					 Ka 1888   1888   1888   1888
			v po omennana colorida (granda (g	1 1830/381 72		B) ((B)) BB(() 18)	DIE 18372 HEBT 1833821 13 3821
DO NOT WRITE IN THIS SPA			CE	03242004 4. FEI Number 32-005			34 (10/03)  Applied For Not Applicable  \$8.75 Additional
	6. Name and Address of Current I	Paristand Agent	· · · · · · · · · · · · · · · · · · ·	3. Certificato	Or Oracios Dealined		Fee Required
MAZZEO, VANESSA 440 SW 18 TER MIAMI, FL 33129			DO NOT WRITE IN THIS SPACE  red office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept				
8. The above the obligat SIGNATURE.	named printry submits this statement policions of registered agent.  Signature, typed or printed name of registered agent a	lasses	red Agent signature requirer		3/2	ATE	24 and accep
FILE NOWIII FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Fina Trust Fund Contribution.				.00 May Be led to Fees	00000 03/31/04	91008- 10008-	3 -024 150.00
TO.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AND PVST MAZZEO, VANESSA 440 SW 18 TER MIAMI, FL 33129	DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	'RITI	

STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 sustee 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 life empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME

CHAPTER AND TYPED OR PRINTED NAME OF SIGNIFIC OFFICER OR DIRECTOR

3/24/04

IN THIS SPACE

2183928