


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90049 009 \*\*\*150.00

<b>DOCUMENT # P02000117896</b>		
1. Entity Name <b>PETER SGARLATO CORP</b>		

Principal Place of Business <b>146 SANTA BARBARA WAY PALM BEACH GARDENS, FL 33410 US</b>	Mailing Address <b>146 SANTA BARBARA WAY PALM BEACH GARDENS, FL 33410 US</b>
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2. Principal Place of Business <b>7202 Geminata Oak Ct</b> Suite, Apt. #, etc.	3. Mailing Address <b>7202 Geminata Oak Ct</b> Suite, Apt. #, etc.
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City & State <b>Palm Beach Gardens, FL</b>	City & State <b>Palm Beach Gardens, FL</b>
Zip <b>33410</b>	Country <b>USA</b>

02272004 Chg-P CR2E034 (10/03)

4. FEI Number <b>13-4219741</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>WARNER, MELBA 146 SANTA BARBARA WAY PALM BEACH GARDENS, FL 33410</b>	
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7. Name and Address of New Registered Agent Name <b>Melba Warner</b> Street Address (P.O. Box Number is Not Acceptable) <b>7202 Geminata Oak Ct</b> City <b>Palm Beach Gardens</b> FL Zip Code <b>33410</b>	
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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>Melba S. Warner</u> DATE: <u>4/20/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SGARLATO, PETER</b> <input type="checkbox"/> Delete <b>146 SANTA BARBARA WAY PALM BEACH GARDENS, FL 33410</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>7202 Geminata Oak Ct Palm Beach Gardens, FL 33410</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST WARNER, MELBA</b> <input type="checkbox"/> Delete <b>146 SANTA BARBARA WAY PALM BEACH GARDENS, FL 33410</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>7202 Geminata Oak Ct Palm Beach Gardens, FL 33410</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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>Peter Sgarlato</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>6/20/04</u> <small>Date</small>