2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000128888

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Jan 23, 2004 08:00 AM Secretary of State 1. Entity Name JOHNNY LAPONZINA II, INC. Mailing Address Principal Place of Business 10500 TAFT ST 10500 TAFT ST PEMBROKE PINES, FL 33026 PEMBROKE PINES, FL 33026 01072004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 47-0900868 Not Applica \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE LAPONZINA, JOHNNY 10500 TAFT ST PEMBROKE PINES, FL 33026 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 according the obligations of registered agent. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **DPTS** TITLE NAME LAPONZINA, JOHNNY STREET ADDRESS 10500 TAFT ST 11000000012216 CITY-ST-ZIP PEMBROKE PINES, FL 33026 01/23/04-88069-017 150.00 TITLE NAME STREET ADDRESS C!TY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

FILED

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 suppliemental 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 changed, or on an attachment with an addition, with all other like empowered. SIGNATURE: