2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State 05-03-2004 90722 046 ***150.00

DOCUMENT # P03000022	ANNUAL REPURI				Secretary of State				
1. Entity Name SCIANNO INTERNATIONAL CORP	2547				05-03-2004	90722 04	46 ***150	.00	
Principal Place of Business	Mailing Address					94080	Anc		
208 CLEMATIS ST STE 502 208 CLEMATIS ST STE 502 W PALM BEACH, FL 33401 W PALM BEACH, FL 33401						J4UOU	403		
2. Principal Place of Business Str. S. Divie Hay	3. Mailing Address スマ グ レンメ	المالات							
Suite, Apt. #, etc.	Suite, Apt. #, etc.			04212004	Chg-P	CR2E	034 (10/03)	•	
City & State UEST PALM BEACH	City & State West Parm 1	β ςμ F L		4. FEl Number	-1176C	33		plied For Applicable	
Zip Country Pain Beach	^{Zip} 33491	PALM BE	2061	5. Certificate o	f Status Desired		\$8.75 Add Fee Required		
6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New	Registered	Agent		
SCIANNO, JÁMES D		Name							
208 CLEMATIS ST STE 502 W PALM BEACH, FL 33401		Street Ac	idress (P.	Q. Box Number	is Not Acceptab	ole)			
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The above named entity submits this statement for the obligations of registered agent	r the purpose of changing its r	egistered office or	registere	d agent, or both	, in the State of F	lorida. I am	familiar with,	and accept	
SIGNATURE Signature, typed or printed name of registered agent	and little if applicable. (NOTE:	Registered Agent signatur	re required w	then reinstating)		4 27 DATE	64		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.	9. Election Campaig			00 May Be			·		
	00 Hust rund Contr	bution.	Added	d to Fees					
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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 preceiver 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 attact/ment with an addresse, with all other like empowered.

SIGNATURE: 🗼

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone #