

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000029112

FILED
May 18, 2004
Secretary of State

Entity Name: TROLLY'S PARTY TIME INC.

Current Principal Place of Business:

2537 NE 15TH ST
POMPANO BEACH, FL 33067

New Principal Place of Business:

Current Mailing Address:

2537 NE 15TH ST
POMPANO BEACH, FL 33067

New Mailing Address:

FEI Number: 80-0057389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DALEO, JOSEPH
2537 NE 15TH ST
POMPANO BEACH, FL 33067

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: AVENA, ANTHONY
Address: 2537 NE 15TH ST
City-St-Zip: POMPAN0 BEACH, FL 33067

Title: VD () Delete
Name: DALEO, JOSEPH
Address: 2537 NE 15TH ST
City-St-Zip: POMPAN0 BEACH, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY AVENA

PTSD

05/18/2004

Electronic Signature of Signing Officer or Director

Date