


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2004 8:00 am
Secretary of State

08-20-2004 90007 013 ***150.00

DOCUMENT # P03000032253		
1. Entity Name MUSOTTO ENTERPRISES, INC.		

Principal Place of Business 3076 PAINTER'S WALK FLAGLER BEACH, FL 32136	Mailing Address 3076 PAINTER'S WALK FLAGLER BEACH, FL 32136
---	---

2. Principal Place of Business 1944 S. FLAGLER AVE.	3. Mailing Address 1944 S. FLAGLER AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State FLAGLER BCH. FL.	City & State FLAGLER BCH. FL.
----------------------------------	----------------------------------

Zip 32136	Country USA	Zip 32136	Country USA
--------------	----------------	--------------	----------------

08182004 Chg-P CR2E034 (10/03)

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
---------------	---

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
--

6. Name and Address of Current Registered Agent SAVY, BENJAMIN 25 PINE CONE DR, STE 2A PALM COAST, FL 32164		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
--	--	--	--

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: Paul Musotto DATE: 8-18-04
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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: Paul Musotto DATE: 8-18-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR