

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90006 026 \*\*\*150.00

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MOORE CR2E034 (11/03)

<b>DOCUMENT # P03000037735</b>					
1. Entity Name <b>CICIO ENTERPRISES, INC.</b>					
Principal Place of Business <b>11911 U.S. HIGHWAY ONE, STE. 309 NORTH PALM BEACH FL 33408</b>			Mailing Address <b>11911 U.S. HIGHWAY ONE, STE. 309 NORTH PALM BEACH FL 33408</b>		
Principal Place of Business <b>PO Box 1053</b> Suite, Apt. #, etc.			Mailing Address <b>PO Box 1053</b> Suite, Apt. #, etc.		
City & State <b>Jupiter Florida</b>		City & State <b>Jupiter Florida</b>		4. FEI Number <b>13-4246665</b>	
Zip <b>33468</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ROBBINS, STEVEN L ESQ. 11911 U.S. HIGHWAY ONE, STE. 309 NORTH PALM BEACH FL 33408</b>				7. Name and Address of New Registered Agent Name <b>MARIANNA LO DUCA</b> Street Address (P.O. Box Number is Not Acceptable) <b>186 BARBADOS DR.</b> City <b>Jupiter</b> State <b>FL</b> Zip Code <b>33458</b>	
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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>DUCA, MARIANNA L</b> <b>11911 U.S. HIGHWAY ONE, STE. 309</b> <b>NORTH PALM BEACH FL 33408</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>Lo DUCA MARIANNA</b> <b>PO Box 1053</b> <b>Jupiter FL 33468</b>		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:** **2-22-04** **561-543-8023**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #