

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000042629

FILED  
Apr 12, 2004  
Secretary of State

Entity Name: SIGNORELLI INTERNATIONAL CORPORATION

## Current Principal Place of Business:

169 E FLAGLER ST SUITE 1534  
#1184  
MIAMI, FL 33131

## New Principal Place of Business:

16500 SOUTH POST ROAD  
#204  
WESTON, FL 33331 US

## Current Mailing Address:

169 E FLAGLER ST SUITE 1534  
#1184  
MIAMI, FL 33131

## New Mailing Address:

16500 SOUTH POST ROAD  
#204  
WESTON, FL 33331 US

FEI Number: 74-3086796

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SIGNORELLI, DANIELE  
169 E. FLAGLER ST SUITE 1534  
#1184  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

SIGNORELLI, DANIELE  
16500 SOUTH POST ROAD  
#204  
WESTON, FL 33331 US

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: DANIELE SIGNORELLI

04/12/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SIGNORELLI, DANIELE  
Address: 169 E. FLAGLER ST SUITE 1534 #1184  
City-St-Zip: MIAMI, FL 33131

Title: VD (X) Delete  
Name: MEZZANOTE, DANIEL  
Address: 50 WHITE HEAD CIRCLE  
City-St-Zip: WESTON, FL 33326

Title: SD (X) Delete  
Name: SIGNORELLI, ALBERTO  
Address: 50 WHITE HEAD CIRCLE  
City-St-Zip: WESTON, FL 33326

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SIGNORELLI, DANIELE  
Address: 16500 SOUTH POST ROAD #204  
City-St-Zip: WESTON, FL 33331 US

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: DANIELE SIGNORELLI

PD

04/12/2004

Electronic Signature of Signing Officer or Director

Date