

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000068809

FILED
Apr 30, 2004
Secretary of State

Entity Name: TREASURE COAST STUDIOS, INC.

Current Principal Place of Business:

311 W INDIAN TOWN RD STE 1
JUPITER, FL 33453

New Principal Place of Business:

Current Mailing Address:

311 W INDIAN TOWN RD STE 1
JUPITER, FL 33453

New Mailing Address:

FEI Number: 01-0788390

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPITELLI, MARIA
18420 LAKE BEND DR
JUPITER, FL 33458

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CAPITELLI, FRED
Address: 18420 LAKE BEND DR
City-St-Zip: JUPITER, FL 33458

Title: D () Delete
Name: CAPITELLI, MARIA
Address: 18420 LAKE BEND DR
City-St-Zip: JUPITER, FL 33458

Title: DV () Delete
Name: GAROFALO, JOISE
Address: 1918 SE CARVALHO ST
City-St-Zip: PORT ST LUCIE, FL 34983

Title: D () Delete
Name: GAROFALO, EVA
Address: 1918 SE CARVALHO ST
City-St-Zip: PORT ST LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DV (X) Change () Addition
Name: GAROFALO, JOSE
Address: 1918 SE CARVALHO ST
City-St-Zip: PORT ST LUCIE, FL 34983

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: MARIA CAPITELLI

D

04/30/2004

Electronic Signature of Signing Officer or Director

_____ Date