

2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 26, 2004
Secretary of State**

DOCUMENT# P03000084252

Entity Name: CAROLANN MAZZA, P.A.

Current Principal Place of Business:

15 S.W. 10TH STREET
FORT LAUDERDALE, FL 33315

New Principal Place of Business:

Current Mailing Address:

15 S.W. 10TH STREET
FORT LAUDERDALE, FL 33315 US

New Mailing Address:

FEI Number: 04-3770552 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAZZA, CAROLANN
3003 TERRAMAR STREET
UNIT 203
FORT LAUDERDALE, FL 33304 US

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: P () Delete
Name: MAZZA, CAROLANN
Address: 3003 TERRAMAR STREET, UNIT 203
City-St-Zip: FORT LAUDERDALE, FL 33304 US

Title: VP () Delete
Name: MAZZA, CAROLANN
Address: 3003 TERRAMAR STREET, UNIT 203
City-St-Zip: FORT LAUDERDALE, FL 33304 US

Title: S () Delete
Name: MAZZA, CAROLANN
Address: 3003 TERRAMAR STREET, UNIT 203
City-St-Zip: FORT LAUDERDALE, FL 33304 US

Title: T () Delete
Name: MAZZA, CAROLANN
Address: 3003 TERRAMAR STREET, UNIT 203
City-St-Zip: FORT LAUDERDALE, FL 33304 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: CAROLANN MAZZA

PRES

04/26/2004

Electronic Signature of Signing Officer or Director

_____ Date