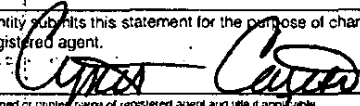
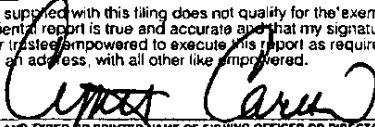


FILED
8 Sep 22, 2004 8:00 am
Secretary of State

08-23-2004 90019 007 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000096137		
1. Entity Name A CYNTHIA CARISEO EVENT, INC.		
Principal Place of Business 3001 S. OCEAN DRIVE, SUITE 8G HOLLYWOOD, FL 33019		Mailing Address 3001 S. OCEAN DRIVE, SUITE 8G HOLLYWOOD, FL 33019
2. Principal Place of Business 16950 N. Bay Rd		3. Mailing Address 16950 N. Bay Rd
Suite, Apt. #, etc. 2408		Suite, Apt. #, etc. 2408
City & State SUNNY ISLES FL		City & State SUNNY ISLES
Zip 33160		Zip FL 33060
Country		Country
4. FPI Number 65-1204283		Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CARISEO, CYNTHIA 3001 S. OCEAN DRIVE, SUITE 8G HOLLYWOOD, FL 33019		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  (NOTE: Registered Agent signature required when resigning) DATE		
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 PRES CYNTHIA CARISEO 16950 N. Bay Rd 2408 SUNNY ISLES FL 33160	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ 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 improvements. SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		