

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90066 022 \*\*\*150.00

<b>DOCUMENT # P04000122079</b> 1. Entity Name <b>TUSCANY 2004, INC.</b>					
Principal Place of Business <b>4315 NW 7 STREET #40 MIAMI, FL 33126</b>			Mailing Address <b>4315 NW 7 STREET #40 MIAMI, FL 33126</b>		
2. Principal Place of Business - No P.O. Box # <b>2665 SW 37TH AVE</b> Suite, Apt. #, etc. <b>815</b>		3. Mailing Address <b>2665 SW 37TH AVE</b> Suite, Apt. #, etc. <b>815</b>			
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>		4. FEI Number <b>20-1544380</b>	
Zip <b>33133</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>DE ANGELIS, LOIGRAND P</b> <b>4315 NW 7 STREET #40</b> <b>MIAMI, FL 33126</b>				7. Name and Address of New Registered Agent Name <b>DE ANGELIS, LOIGRAND P.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2665 SW 37TH AVE #815</b> City <b>MIAMI</b> FL <b>33133</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: <b>Luigi P. De Angelis</b> DATE: <b>04-26-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DE ANGELIS, LUIGI P 2665 SW 37 AVE APT #815 MIAMI, FL 33133	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DE ANGELIS, LOIGRAND P 264 S ISLAND DRIVE GOLDEN BEACH, FL 33160	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PASQUALE DE ANGELIS 2665 SW 37TH AVE #815 MIAMI, FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PASQUALE DE ANGELIS 2665 SW 37TH AVE #815 MIAMI, FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PASQUALE DE ANGELIS 2665 SW 37TH AVE #815 MIAMI, FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PASQUALE DE ANGELIS 2665 SW 37TH AVE #815 MIAMI, FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <b>Luigi P. De Angelis</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04-26-07 305. 7885403 <small>Date Daytime Phone #</small>		