2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 12, 2004 8:00 am Secretary of State DOCUMENT # P35586 1. Entity Name 04-12-2004 90662 026 ***150.00 JOSEPH M. SANZARI, INC. Principal Place of Business Mailing Address 9505 FAIRVIEW AVENUE (95TH ST) 9505 FAIRVIEW AVE (95TH ST) NORTH BERGEN NJ 07047 NORTH BERGEN NJ 07047 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 22-2585273 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RAYNOR, JEFFREY S. Street Address (P.O. Box Number is Not Acceptable) LOGGERHEAD PLAZA, STE. 304 1155 U.S. HIGHWAY ONE JUNO BEACH FL 33408 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DCP TITLE TITLE Delete ■ Addition NAME SANZARI, JOSEPH M. NAME STREET ADDRESS 50 ACADEMY RD. STREET ADDRESS HO-HO-KUS NJ C/TY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE SANZARI, JOSEPH M. NAME NAME STREET ADDRESS 50 ACADEMY RD. STREET ADDRESS HO-HO-KUS NJ CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 empowered.

JOSEPH M. SANZARI, PRESIDENT Date

Daytime Phone #

FILED