## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P92000008434

## FILED Apr 28, 2004 8:00 am Secretary of State

04-28-2004 90190 032 \*\*\*150.00

1. Entity Name FRANK D	ESETTO, INC.								
Principal Place of Business Mailing Address					1				
		142 LAKE DR. SINGER ISLAND, FL 33404 US		94070019					
	ace of Business Lake Da.	3. Mailing Address	3. Mailing Address 194 Lot LC DR.						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04242004	Chg-P	CR2E0	34 (10/03)	
City & State SINGER IS IAUD, FL			Singer Island, F		4. FEI Number 65-0374696				oplied For Applicable
2ip 3 3 40 4 Country U.S		Zip 33404	Count	rus	Certificate of Status Desired     Name and Address of New R		\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				Name	7. Name and	Address of New He	egistered A	gent	
DYTRYCH, MARTIN 2700 PGA BLUD				Street Address (P.O. Box Number is Not Acceptable)					
PALM BEACH GARDENS, FL 33410									
*							FL	Zip Cod	e
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	d office or register	red agent, or bo	th, in the State of Flo	rida. Iam f	amiliar with,	and accept
SIGNATURE_	Signature, typed or pfinted name of registered agent a	and title if applicable. (NOT	E Registered	Agent signature requirer	d when reinstalling)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campa Trust Fund Con			.00 May Be led to Fees				
10.	OFFICERS AND		11.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS	CHANGES TO OFFI	CERS AND		
TITLE .	DPST DESETTO, FRANKLIN B	☐ Delete	TITLE	ì				Change	Addition
STREET ADDRESS	142 LAKE DR			T ADORESS					
CITY-ST-ZIP	SINGER ISLAND, FL 33404		спу-	ST-ZIP					
IIILE		☐ Delete	TITLE					Change	Addition
NAME			NAME	1					
STREET ADDRESS CITY-ST-ZIP				et address St-ZIP					
		☐ Delete						☐ Change	Addition
TITLE NAME		L.J Deigse	TTTLE Nami	1				☐ central	
STREET ADDRESS	And the second s	المجاوري سيد بي الماليد	STRE	ET ADDRESS	سرسيه،	والعامين المسوار			
CITY-ST-ZIP			CITY	ST-ZIP			<del></del>		
TITLE		Defete	THLE	1				☐ Change	Addition
NAME STREET ACCRESS			NAME STREE	ET ADDRESS					
CITY-ST-ZIP			ı	-ST-ZIP					
TTLE		☐ Delete	TILE					☐ Change	Addition
NAME			NAM	1					
STREET ADDRESS City-St-ZIP			•	ET ADDRESS -ST-ZIP					
TITLE		☐ Delete	TITLE		· · · · · · · · · · · · · · · · · · ·		,	☐ Change	Addition
NAME		sieism m	NAMI	L L				ட வளிக	☐ www.com
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP	<u> </u>	<del></del>	CITY	-ST-ZIP			<del> </del>		
49 Lhorobur	disuballance pointermolai adt tedt with	this filian does not available	w the eve	motion stated in C	aakan 110 A7(9)	/i) Dorida Statutas i	further one	in that the i	nfarmation

A ERRO

I nereby certify that the information supplied with this filling 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.

SIGNATURE:

FIGURIA B. DESOTTO, Pres. SIGNATURE AND TYPED OR DIRECTOR

561844-6064