

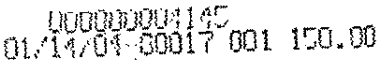


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000043473		
1. Entity Name BACCO, INC.		
Principal Place of Business 10065 UNIVERSITY BLVD. ORLANDO, FL 32817		Mailing Address 10065 UNIVERSITY BLVD. ORLANDO, FL 32817
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BOZZOLINO, ROBERTO 10065 UNIVERSITY BLVD. ORLANDO, FL 32817		 01122004 No Chg-P CR2E034 (10/03) 4. FEI Number 59-3186051 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For Not Applicable
		DO NOT WRITE IN THIS SPACE
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 reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOZZOLINO, ROBERTO 10065 UNIVERSITY BLVD. ORLANDO, FL 32817	 000000001145 01/14/04 00017 001 150.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LILIANA BADAMO 511 OSCEOLA AVENUE WINTER PARK, FL 32789	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS 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.		
SIGNATURE: <u>Bozzolino Roberto</u> <u>BOZZOLINO ROBERTO</u> 1-12-04 407-678-8833		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>