

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000046305

Entity Name: FOGLIA TWO, INC.

FILED  
Jul 14, 2004  
Secretary of State

## Current Principal Place of Business:

2121 PONCE DE LEON BLVD.  
SUITE 721  
CORAL GABLES, FL 331345222

## New Principal Place of Business:

306 ALCAZAR AVENUE  
SUITE 302  
CORAL GABLES, FL 33134

## Current Mailing Address:

306 ALCAZAR AVENUE  
SUITE 302  
CORAL GABLES, FL 33134

## New Mailing Address:

FEI Number: 65-0499600

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VEGA, ALBERT P  
2121 PONCE DE LEON BLVD.  
#721  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

VEGA, ALBERT P  
306 ALCAZAR AVENUE  
#302  
CORAL GABLES, FL 33134 US

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.

SIGNATURE: ALBERT P. VEGA

07/14/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: FOGLIATI, MARIA G  
Address: 2121 PONCE DE LEON BLVD.  
City-St-Zip: CORAL GABLES, FL 331345222

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition  
Name: FOGLIATI, MARIA G  
Address: 306 ALCAZAR AVENUE #302  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA G. FOGLIATI

P/D

07/14/2004

Electronic Signature of Signing Officer or Director

Date