

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000073986**  
 1. Entity Name  
**ANTHONY VITTORIA ENTERPRISES, INC.**



Principal Place of Business      Mailing Address  
 11419-G W. PALMETTO PARK RD.      11419-G W. PALMETTO PARK RD.  
 BOCA RATON, FL 33428                  BOCA RATON, FL 33428

**DO NOT WRITE IN THIS SPACE**



04292004    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>65-0526015</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**ARONSON-GROSSE, LORI**  
 2134 HOLLYWOOD BLVD.  
 HOLLYWOOD, FL 33020

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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 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	U00000154487 05/04/04-80169-005 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VITTORIA, ANTHONY 11419-G W. PALMETTO PARK RD. BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV VITTORIA, ALFONSO 11419-G W. PALMETTO PARK RD. BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS VITTORIA, ANNAMARIA 11419-G W. PALMETTO PARK RD. BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** *Anthony Vittoria*      4/29/04      (561) 852-2880  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Day      Daytime Phone #