


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90017 026 ***155.00

DOCUMENT # P95000032855																											
1. Entity Name PITA LINE INC.																											
Principal Place of Business P.O. BOX 267 PALM BEACH, FL 33480		Mailing Address P.O. BOX 267 PALM BEACH, FL 33480																									
2. Principal Place of Business 111 NORTH COUNTY Rd Suite, Apt. #, etc. PALM BEACH City & State Florida Zip 33480		3. Mailing Address P.O. Box 267 Suite, Apt. #, etc. PALM BEACH City & State Florida - 33480 Zip 33480																									
Country USA		Country USA																									
4. FEI Number 65-0589571		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																											
6. Name and Address of Current Registered Agent SMITHERS, MARIA P 111 N COUNTY RD PALM BEACH, FL 33480		7. Name and Address of New Registered Agent Name: Maria Pita Street Address (P.O. Box Number is Not Acceptable) 111 North County Rd City: PALM BEACH FL Zip Code 33480																									
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: <i>Maria Pita</i> DATE: 03 04 04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																									
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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 a notary-like empowered.

SIGNATURE: *Maria Pita* DATE: **03-04-04** DAYTIME PHONE: **561-762-7007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561
8327070