

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90188 038 ***150.00

DOCUMENT # P95000079202

1. Entity Name
MANCINI ENTERPRISES, INC.



Principal Place of Business
**1940 N COMMERCE PARKWAY
WESTON, FL 33326**

Mailing Address
**1940 N COMMERCE PARKWAY
WESTON, FL 33326**

44044913



2. Principal Place of Business
PO Box 267514

3. Mailing Address
PO Box 267514

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05032004 Chg-P CR2E034 (10/03)

City & State
WESTON, FL

City & State
WESTON, FL

4. FEI Number
65-0612048

Applied For
Not Applicable

Zip
33326

Country
USA

Zip
33326

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MANCINI, ALDO MR
1940 N COMMERCE PWY
FORT LAUDERDALE, FL 33326**

Name
MANCINI, ALDO

Street Address (P.O. Box Number is Not Acceptable)

274 NW 117 WAY

City
CORAL SPRINGS

FL

Zip Code
33071

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: **PRESIDENT**

5/3/2004

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MANCINI, ALDO
1940 N COMMERCE PARKWAY
WESTON, FL 33326** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MANCINI, ALDO
PO Box 267514
WESTON, FL 33326** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: **ALDO MANCINI, PRESIDENT**

5/3/2004

(954) 554-4408

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment # 95 000079202

44044913



MANCINI
ENTERPRISES

May 3, 2004

Division of Corporations
2670 Executive Center Circle
Suite 1000
Tallahassee, FL 32301

To Whom It May Concern:

After receiving a call this morning from my accountant with regards to this form, I was made aware that it needed to be returned by May 1st, 2004.

Unfortunately, I did not receive the form. We have changed addresses, as you can see in the updated form which I downloaded from your website.

Given my tardiness in responding, I have sent my payment over-night.

I hope that you can forgive the penalty for late payments.

With regards,



Aldo Mancini
President
Mancini Enterprises