

**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

2. Principal Place of Business  
PO BOX 267514

3. Mailing Address  
PO BOX 267514

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
WESTON, FL

City & State  
WESTON, FL

Zip  
33326

Country  
USA

Zip  
33326

Country  
USA

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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: *ALDO M. Mancini*, PRESIDENT

Signature, typed or printed name of registered agent and title if applicable.

5/3/2004

DATE

(NOTE: Registered Agent signature required when reinstating)

**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
MANCINI, ALDO  
PO BOX 267514  
WESTON, FL 33326

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: *ALDO M. Mancini*, PRESIDENT

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/2004

Date

(954) 554-4408

Daytime Phone #

Attachment # P95 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 1<sup>st</sup>, 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