2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State
05-02-2008 90115 011 ***150.00

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1. Entity Name
NICHOLAS J. RIZZO ENTERPRISES, INC.

Principal Place of Business	Mailing Address
9444 MIAMI CIR PORT CHARLOTTE, FL 33981 US	9444 MIAMI CIR PORT CHARLOTTE, FL 33981 US

03052008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8098 TRACEY CIRCLE	8098 TRACEY CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PORT CHARLOTTE, FL.	City & State: PORT CHARLOTTE, FL.
Zip: 33981 Country: USA	Zip: 33981 Country: USA

4. FEI Number: 59-3358287 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RIZZO, NICHOLAS J
9444 MIAMI CIR
PORT CHARLOTTE, FL 33981

7. Name and Address of New Registered Agent

Name: NICHOLAS RIZZO
Street Address (P.O. Box Number is Not Acceptable): 8098 TRACEY CIRCLE
City: PORT CHARLOTTE FL Zip Code: 33981

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: [signature] DATE: 3-5-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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	P ☐ Delete	TITLE	P ☒ Change ☐ Addition
NAME	RIZZO, NICHOLAS J.	NAME	NICHOLAS RIZZO
STREET ADDRESS	9444 MIAM CIR	STREET ADDRESS	8098 TRACEY CIRCLE
CITY-ST-ZIP	PORT CHARLOTTE, FL 33981	CITY-ST-ZIP	PORT CHARLOTTE, FL. 33981
TITLE	S ☐ Delete	TITLE	S ☒ Change ☐ Addition
NAME	RIZZO, ROSEMARY T.	NAME	ROSEMARY RIZZO
STREET ADDRESS	9444 MIAMI CIR	STREET ADDRESS	8098 TRACEY CIRCLE
CITY-ST-ZIP	PORT CHARLOTTE, FL 33981	CITY-ST-ZIP	PORT CHARLOTTE, FL. 33981
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [signature] 4-15-08 941-492-6693

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #