


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000056765</b>		
1. Entity Name <b>PIANETA MIAMI, INC.</b>		
Principal Place of Business <b>12000 BISCAYNE BLVD. SUITE 507 MIAMI, FL 33181</b>	Mailing Address <b>12000 BISCAYNE BLVD. SUITE 507 MIAMI, FL 33181</b>	



04262004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0748844</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>CHIARATO, UGO V 12000 BISCAYNE BLVD., #507 MIAMI, FL 33181</b>		<b>DO NOT WRITE IN THIS SPACE</b>

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CIAPPARELLI, ROBERTO 12000 BISCAYNE BLVD., #507 MIAMI, FL 33181	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MALVISI, ALBERTO 12000 BISCAYNE BLVD., #507 MIAMI, FL 33181	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHIARATO, UGO V 12000 BISCAYNE BLVD., #507 MIAMI, FL 33181	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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04/29/04-80061-020 150.00

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:** GU ROA 04/26/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #