

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000065984

Entity Name: NICK LONGARZO, INC.

FILED
Jan 29, 2004
Secretary of State

Current Principal Place of Business:

4502 NORTHWEST ALSACE AVENUE
PORT SAINT LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

4502 NORTHWEST ALSACE AVENUE
PORT SAINT LUCIE, FL 34983

New Mailing Address:

FEI Number: 65-0687038

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: LONGARZO, NICK C
Address: 4502 NORTHWEST ALSACE AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VSD () Delete
Name: LONGARZO, AGNES E
Address: 4502 NORTHWEST ALSACE AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICK C. LONGARZO

PTD

01/29/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date