2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2004 8:00 am
Secretary of State
05-03-2004 91225 046 ***150.00

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04172004 Chg-P CR2E034 (10/03)

DOCUMENT # P97000033609

1. Entity Name
FLORIDA WOMEN'S EXPO, INC.

Principal Place of Business	Mailing Address
3949 EVANS AVE # 205 FORT MYERS, FL 33901	3949 EVANS AVE # 205 FORT MYERS, FL 33901

2. Principal Place of Business	3. Mailing Address
16284 Shadow Pine Rd	16284 Shadow Pine Rd.
Suite, Apt. #, etc.	Suite, N Fort Myers, FL 33917
City & State: N. Ft. Myers FL.	City & State
Zip: 33917 Country: Lee.	Zip Country

4. FEI Number 65-0756180 65-0946641 — Applied For / Not Applicable

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
RIVIELLO, MARLENE 1002 N.E. 3RD STREET CAPE CORAL, FL 33909	Name Street Address (P.O. Box Number is Not Acceptable) 16284 Shadow Pine Rd. N Fort Myers, FL 33917 City FL Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D RIVIELLO, MARLENE 1002 N.E. 3RD STREET CAPE CORAL, FL 33909	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	16284 SHADOW Pine Rd N. Ft. Myers, FL. 33917	☒ Change ☐ Addition
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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: Marlene Riviello — 5-26-04 — 239-543-9998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #