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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DOCUMENT # P97000033609

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

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

Mailing Address
3949 EVANS AVE # 205
FORT MYERS, FL 33901

2. Principal Place of Business
16284 Shadow Pine Rd
Suite, Apt. #, etc.

3. Mailing Address
16284 Shadow Pine Rd.
Suite, N Fort Myers, FL 33917

04172004 Chg-P CR2E034 (10/03)

City & State
N. Ft. Myers FL.

City & State

4. FEI Number
65-~~0766480~~ 65-0946641
Applied For
Not Applicable

Zip
33917

Country
Lee.

Zip

Country

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

6. Name and Address of Current Registered Agent
RIVIELLO, MARLENE
1002 N.E. 3RD STREET
CAPE CORAL, FL 33909

7. Name and Address of New Registered Agent
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	☑ Change ☐ Addition 16284 SHADOW Pine Rd N. Ft. Myers, FL. 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 C. Riviello 5-26-04 239-543-9998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #