
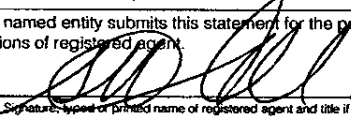
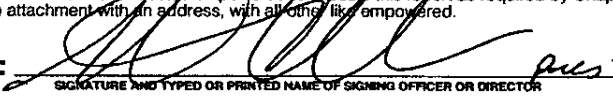


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90021 026 ***158.75

DOCUMENT # P97000052982			
1. Entity Name CHISESI ENTERPRISES, INC.			
Principal Place of Business 4750 NW 74 PLACE COCONUT CREEK, FL 33073		Mailing Address 4750 NW 74 PLACE COCONUT CREEK, FL 33073	
2. Principal Place of Business 7117 GASPARIKKA Rd Suite, Apt. #, etc.		3. Mailing Address 7117 GASPARIKKA Rd Suite, Apt. #, etc.	
City & State PORT CHARLOTTE FL		City & State PORT CHARLOTTE FL	
Zip 33981	Country USA	Zip 33981	Country USA
4. FEI Number 65-0761589		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHISESI, STEFANO 4750 NW 74 PLACE COCONUT CREEK, FL 33073		7. Name and Address of New Registered Agent Name: CHISESI, STEFANO Street Address (P.O. Box Number is Not Acceptable): 7117 GASPARIKKA Rd 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:  STEFANO CHISESI DATE: 3/10/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: CHISESI, STEFANO STREET ADDRESS: 4750 NW 74 PLACE CITY-ST-ZIP: COCONUT CREEK, FL 33073	<input type="checkbox"/> Delete	TITLE: PD NAME: CHISESI, STEFANO STREET ADDRESS: 7117 GASPARIKKA Rd CITY-ST-ZIP: PORT CHARLOTTE FL 33981	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: CHISESI, STEFANO STREET ADDRESS: 7117 GASPARIKKA Rd CITY-ST-ZIP: PORT CHARLOTTE FL 33981	<input type="checkbox"/> Delete	TITLE: SP NAME: CHISESI, STEFANO STREET ADDRESS: 7117 GASPARIKKA Rd CITY-ST-ZIP: PORT CHARLOTTE FL 33981	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 reports 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:  pus		DATE: 3/10/04	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	