

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000060553

Entity Name: TOMARENZA, INC.

FILED  
Jan 30, 2004  
Secretary of State

## Current Principal Place of Business:

5489 JET PORT INDUSTRIAL BLVD.  
TAMPA, FL 33634

## New Principal Place of Business:

## Current Mailing Address:

5489 JET PORT INDUSTRIAL BLVD.  
TAMPA, FL 33634

## New Mailing Address:

FEI Number: 59-3458467

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CRISTIANO, THOMAS  
5489 JET PORT INDUSTRIAL BLVD.  
TAMPA, FL 33634

## 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: PD ( ) Delete  
Name: CRISTIANO, THOMAS  
Address: 7702 CRESHAW ST.  
City-St-Zip: TAMPA, FL 33615

Title: VD ( ) Delete  
Name: CRISTIANO, VINCENZA  
Address: 7702 CRESHAW ST  
City-St-Zip: TAMPA, FL 33615

Title: SD ( ) Delete  
Name: CRISTIANO, LUCIA  
Address: 7702 CRENSHAW ST  
City-St-Zip: TAMPA, FL 33615

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: CRISTIANO, VINCENZA  
Address: 7702 CRESHAW ST  
City-St-Zip: TAMPA, FL 33615

Title: SD (X) Change ( ) Addition  
Name: CRISTIANO-QUIJANO, LUCIA  
Address: 6912 SHADY PLACE  
City-St-Zip: TAMPA, FL 33634

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: THOMAS CRISTIANO

PD

01/30/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date