

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P970000968562

1. Entity Name
Fianchetto Corporation



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3225 Tyrene Blvd No
Suite, Apt. #, etc.

3. Mailing Address

3000 66th St No.
Suite, Apt. #, etc.

City & State

St Petersburg FL

Zip

33710

City & State

St Petersburg FL

Zip

33710

Country

4. FEI Number

65-0775811

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Joseph Bearson

Street Address (P.O. Box Number is Not Acceptable)

2414 LAKE POINT LANE

City

Clearwater

FL

Zip Code 33762

8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE X Joseph Bearson (P.S.D)

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE April 19, 2003

January 1: May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P.S.D
NAME Joseph Bearson
STREET ADDRESS 2414 LAKE POINT LANE
CITY-ST-ZIP Clearwater FL 33762

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T.D
NAME PAULINA POPOVICH
STREET ADDRESS 7239 4th Ave So
CITY-ST-ZIP St Petersburg FL 33707

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE

IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X Joseph Bearson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 19, 2003 727384,3434

Date

Daytime Phone #