


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90458 049 \*\*\*150.00

**DOCUMENT # P97000105728**

1. Entity Name  
**ANGELO PIZZUTO, P.A.**



Principal Place of Business      Mailing Address  
 407 LINCOLN ROAD                      407 LINCOLN ROAD  
 2G    2G  
 MIAMI BEACH, FL 33139    US      MIAMI BEACH, FL 33139    US

**24073702**

2. Principal Place of Business      3. Mailing Address  
**1001 BRICKELL BAY DR.**              **1001 BRICKELL BAY DR.**  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.  
**SUITE 1508**                              **SUITE 1508**



03012003      Chg-P      CR2E034 (10/03)

City & State      City & State  
**MIAMI, FL**                              **MIAMI, FL**

4. FEI Number      Applied For  
**65-0809372**                              Not Applicable

Zip      Country      Zip      Country  
**33131**      **USA**                      **33131**      **USA**

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 PIZZUTO, ANGELO  
 1001 BRICKELL BAY DRIVE  
 SUITE 1508  
 MIAMI, FL 33131

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	PD <input type="checkbox"/> Delete
NAME	PIZZUTO, ANGELO
STREET ADDRESS	407 LINCOLN ROAD #2G 1001 BRICKELL BAY DR.
CITY-ST-ZIP	MIAMI BEACH, FL 33139 MIAMI, FL 33131
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PIZZUTO ANGELO
STREET ADDRESS	1001 BRICKELL BAY DRIVE, #1508
CITY-ST-ZIP	MIAMI FL 33131
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:** Angelo Pizzuto      PRES.      4/29/2004      (305) 865-7709  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Datum Phone #