


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90376 033 ***150.00

DOCUMENT # P98000023957	
1. Entity Name CAMPOFILONE CORPORATION	

Principal Place of Business 5445 COLLINS AVE APT 1111 MIAMI, FL 33140	Mailing Address 5445 COLLINS AVE APT 1111 MIAMI, FL 33140
---	---

14004869


2. Principal Place of Business 5445 COLLINS AV	3. Mailing Address 5445 COLLINS AV
Suite, Apt. #, etc. SUITE CU 14	Suite, Apt. #, etc. SUITE CU 14
City & State MIAMI BEACH	City & State MIAMI BEACH
Zip 33140	Country USA



04062004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0818702	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MECOZZI, HORACIO 5445 COLLINS AVE #1111 CU14 MIAMI BEACH, FL 33140	
7. Name and Address of New Registered Agent Name MECOZZI, HORACIO Street Address (P.O. Box Number is Not Acceptable) 5445 COLLINS AVE SUITE CU14 MIAMI BEACH FL 33140 City MIAMI BEACH FL 33140	

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.

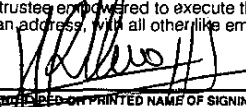
SIGNATURE  DATE **4/6/04**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD MECOZZI, HORACIO R 5445 COLLINS AVE, SUITE 1111 MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MECOZZI HORACIO R 5445 COLLINS AVE, SUITE CU14 MIAMI BEACH FL 33140 <input checked="" type="checkbox"/> Change <input 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
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
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
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
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 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:  DATE **4/6/03** 305 978 7840

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR