

FILED
Mar 06, 2002 8:00 am
Secretary of State
03-06-2002 90098 009 ***150.00

174525 AV

DOCUMENT #		P98000034058		Mar 06, 2002 8:00 am	
1. Entity Name		DESARIO TRIM, INC.		Secretary of State	
				03-06-2002 90098 009 ***150.00	
Principal Place of Business		Mailing Address			
610 CRANESWAY #202		610 CRANESWAY #202			
ALTAMONTE SPRINGS FL 32701		ALTAMONTE SPRINGS FL 32701			
2. Principal Place of Business		3. Mailing Address		DO NOT WRITE IN THIS SPACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3505317	
Zip		Country		5. Certificate of Status Desired	
				Applied For	
				Not Applicable	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
DESARIO, ANDREW D		Name			
610 CRANESWAY #202		Street Address (P.O. Box Number is Not Acceptable)			
ALTAMONTE SPRINGS FL 32701		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.					
SIGNATURE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution.	
				\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P. DESARIO, ANDREW	DELETE	TITLE	CHANGE	ADDITION
NAME	610 CRANESWAY #202		NAME		
STREET ADDRESS	ALTAMONTE SPRINGS FL 32701		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		DELETE	TITLE	CHANGE	ADDITION
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		DELETE	TITLE	CHANGE	ADDITION
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		DELETE	TITLE	CHANGE	ADDITION
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		DELETE	TITLE	CHANGE	ADDITION
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		DELETE	TITLE	CHANGE	ADDITION
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Andrew D. Desario		Andrew Desario		2/21/02 (407)234-3128	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	