2004 FOR PROFIT CORPORATION

ANNUAL REPORT				Apr 30, 2004 08:00 A			
DOCUMENT # P98000042199 1. Entity Name MARIANI ENTERPRISES, INC.					S	ecretary	of State
Principal Plac 8405 N. EDI TAMPA, FL	SON AVE.	Mailing Address 8405 N. EDISON AVE. TAMPA, FL 33604			IF IKUPI (BYIK BRIK KRIGI N	17/1 1 37/11 5 73/10 1/ 3 8/1 1/3/10 1	
C	OO NOT WRITE 6. Name and Address of Current Re	CE	04272004 4. FEI Numb 59-35	No Chg-P	CR2E034 (10/	Applied For Not Applicable Additional	
MARIANI, 8405 N. EI TAMPA, F	MARK DISON AVE.	DO NOT WRITE IN THIS SPACE					
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable FILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution Added to Fees							
			, -		<u>. </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARIANI, MARK 8405 N. EDISON AVE TAMPA, FL 33604	inco (Ond			(19.000 174,490 (19.44	144428 8012 9- 024 1	.50,00
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	AAME STREET ADDRESS LITY-ST-ZIP LITLE HAME STREET ADDRESS			DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE							

12. Thereby 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 trusted 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 addless, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #