


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90409 044 \*\*\*150.00

<b>DOCUMENT # P98000043899</b>					
<b>1. Entity Name</b> STICK IT, INC.					
<b>Principal Place of Business</b> 2100 NE 29TH ST. 303 FORT LAUDERDALE, FL 33308			<b>Mailing Address</b> 7705 DAVIE RD. EXTENSION HOLLYWOOD, FL 33024 US		
<b>2. Principal Place of Business</b> 1291 A SOUTH POWERLINE RD Suite, Apt. #, etc. 285 City & State Pompano Bch FL Zip 33069 Country BROWARD		<b>3. Mailing Address</b> 4521 WEST McNAB RD Suite, Apt. #, etc. 33 City & State Pompano Bch FL Zip 33069 Country BROWARD			
<b>4. FEI Number</b> 65-0937313				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> LUCIANI, MARK 7705 DAVIE RD. EXTENSION HOLLYWOOD, FL 33024			<b>7. Name and Address of New Registered Agent</b> Name CONSULTING SOLUTIONS INC. Street Address (P.O. Box Number is Not Acceptable) 939 SW 149 TER City SURFSE FL Zip Code 33326		
<b>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.</b> SIGNATURE: <u>Mark Luciani</u> <u>PRESIDENT</u> <u>4/27/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MASCI, MICHELLE 2100 NE 39TH ST. #303 FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MASCI, Michelle 4521 WEST McNAB RD APT 33 Pompano Bch FL 33069	<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
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.</b>					
<b>SIGNATURE:</b> <u>Michelle Masci</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>3/30/04</u> <u>561-306-6961</u> <small>Date Daytime Phone #</small>		