


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-03-2004 91034 046 ***150.00

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1. Entity Name
MUZZI INC GREAT EVENTS
925 TRUMAN AVE
KEY WEST FL 33040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
925 TRUMAN AVE

3. Mailing Address
925 TRUMAN AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
KEY WEST

City & State

Zip
33040

Country
USA

4. FEI Number
05-0884099

Applied For
 No; Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
OPEROZA + PARKS CPA

Street Address (P.O. Box Number is Not Acceptable)
315 PEACOCK PLAZA

City
KEY WEST FL Zip Code
33040

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	President Louis Scaramuzzi 925 Truman Ave KW FL 33040	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Vice President Cristina Scaramuzzi 925 Truman Ave KW FL 33040	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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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 on an attachment with an address, with authority like empowered.

SIGNATURE: [Signature] Louis Scaramuzzi 4/27/04 305-294-2052

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)