
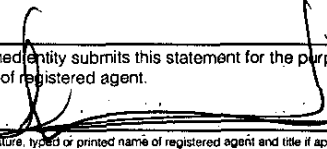
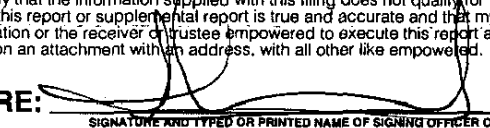


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91054 013 \*\*\*150.00

<b>DOCUMENT # P98000070939</b> 1. Entity Name <b>FRATELLI GROUP CORPORATION</b>					
Principal Place of Business <b>90 ALLEN ROAD #2310 MIAMI BEACH, FL 33139</b>			Mailing Address <b>90 ALLEN ROAD #2310 MIAMI BEACH, FL 33139</b>		
2. Principal Place of Business <b>90 Alton Road</b> Suite, Apt. #, etc. <b>2310</b>		3. Mailing Address <b>90 Alton Road</b> Suite, Apt. #, etc. <b>2310</b>			
City & State <b>Miami Beach, FL</b>		City & State <b>Miami Beach, FL</b>			
Zip <b>33139</b>		Country <b>USA</b>		4. FEI Number <b>65-0857356</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>AMERILAWYER 90 ALTON ROAD, #2310 MIAMI BEACH, FL 33139</b>			7. Name and Address of New Registered Agent Name <b>Federico Lore</b> Street Address (P.O. Box Number is Not Acceptable) <b>90 Alton Road, Ste 2310</b> City <b>Miami Beach</b> FL <b>33139</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.					
SIGNATURE  <span style="float: right;">04/23/04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <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	PTD LORE, PABLO I 90 ALTON ROAD #2310 MIAMI BEACH, FL 33139		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD LORE, FEDERICO C 90 ALTON ROAD #2310 MIAMI BEACH, FL 33139		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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: 			04/23/04 305-864-7909 <small>Date Daytime Phone #</small>		