


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P98000083231 1. Entity Name FINE CHEESE PLUS, INC. |  |
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| Principal Place of Business 7701 E ATLANTIC BLVD SUITE #2 POMPANO BEACH, FL 33060 | Mailing Address 7701 E ATLANTIC BLVD SUITE #2 POMPANO BEACH, FL 33060 |
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04062004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-0869166 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent SPINA, GIORGIO 7701 E ATLANTIC BLVD SUITE #2 POMPANO BEACH, FL 33060 |
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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 *Spina* DATE 04/15/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000136768 04/28/04-80098-008 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP SPINA, GIORGIO 7701 E ATLANTIC BLVD SUITE #2 POMPANO BEACH, FL 33060 |
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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)(f), 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: *Spina*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____