

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000108421</b> 1. Entity Name <b>FANIZZI, INC.</b>					
Principal Place of Business <b>2455 E SUNRISE BLVD #400 FORT LAUDERDALE, FL 33304</b>		Mailing Address <b>2455 E SUNRISE BLVD #400 FORT LAUDERDALE, FL 33304</b>			
<b>DO NOT WRITE IN THIS SPACE</b>					
				 02062004 No Chg-P CR2E034 (10/03)	
		4. FEI Number <b>65-0895426</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>FANIZZI, CHRISTINE 4241 WEST TRADEWINDS LAUDERDALE BY THE SEA, FL 33308</b>				<b>DO NOT WRITE IN THIS SPACE</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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<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"/>		\$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>  000000056847 02/19/04-80037-019 150.00			
TITLE	PSD				
NAME	FANIZZI, CHRISTINE				
STREET ADDRESS	4241 WEST TRADEWINDS				
CITY - ST - ZIP	LAUDERDALE BY THE SEA, FL 33308				
TITLE					
NAME					
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CITY - ST - ZIP					
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: <u>Christine Fanizzi</u> <u>Christine Fanizzi</u> <u>2-16-04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					