2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## Mar 09, 2004 8:00 am **Secretary of State** DOCUMENT # P99000059478 1. Entity Name 03-09-2004 90049 048 \*\*\*150.00 JOSEPH D. FARDELLA, INC. Principal Place of Business Mailing Address 1711 NW 107 TERRACE PLANTATION EL 33322 1711 NW-107 TERRACE PLANTATION FL 39322 2. Principal Place of Business 3. Mailing Address 5336 N.W. 1067" DRIVE 5336NIW 106TH DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) CORAL SPRING CORAL City & State 4. FEI Number Applied For 65-0952631 Not Applicable \$8.75 Additional 33076 5. Certificate of Status Desired 33076 BROWNRD BROWARD Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent D FARDELLA JOSEPH FARDELLA, JOSEPH A Street Address (P.O. Box Number is Not Acceptable) 1711 NW 107 TERRACE PLANTATION FL 33322 CORAL SPRINGS 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS -ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11\_\_\_ 10. TITLE Change ☐ Addition ☐ Delete TITI F FARDELLA, JOSEPH D NAME NAME 5336 N.W. 10674 DRIUK 1711 NW 107 TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 33076 CORAL SPRINGS CITY-ST-ZIP PLANTATION FL 33322 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY\_ST\_7IP ☐ Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

FILED