


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

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90032 022 ***150.00

DOCUMENT # **P 99000064509**

1. Entity Name
L'THERESE M FARINOSI ENTERPRISES, INC.



DO NOT WRITE IN THIS SPACE

24041429

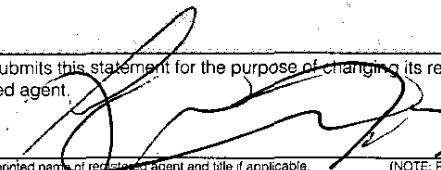
2. Principal Place of Business 512 ACACIA LANE Suite, Apt. #, etc. NOKOMIS, FL City & State 34275 Zip		3. Mailing Address 512 ACACIA LANE Suite, Apt. #, etc. NOKOMIS, FL City & State 34275 Zip	
Country USA		Country USA	

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4. FEI Number 65-0932674	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

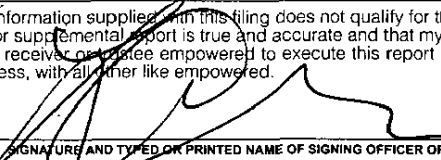
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **L'THERESE M FARINOSI** **4/15/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<p>January 1 - May 1 Fee is \$450.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FARINOSI, L'THERESE M 512 ACACIA LANE NOKOMIS, FL 34275	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 all other like empowered.

SIGNATURE:  **L'THERESE M. FARINOSI** **4/15/04**
Signature and typed or printed name of signing officer or director Date **941 485 0688**

CR2E034B (12/02)