2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000082289

1. Entity Name
MARIO A. ARNERO CONSULTING, INC.

Principal Place of Business	Mailing Address
54-04 S. W. 20TH AVE. CAPE CORAL, FL 33914	54-04 S. W. 20TH AVE. CAPE CORAL, FL 33914

DO NOT WRITE IN THIS SPACE

07062004 No Chg-P CR2E034 (10/03)

4. FEI Number
22-3676046
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARNERO, MARIO A
54-04 S. W. 20TH AVE.
CAPE CORAL, FL 33914

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due *by* September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fee

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.	OFFICERS AND DIRECTORS
TITLE	P
NAME	ARNERO, MARIO A
STREET ADDRESS	5404 SW 20 AVENUE
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000001668179
07/14/04-80006-006 *150.00

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 7/6/04 (239) 540-8296
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #