


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90235 048 \*\*\*150.00

<b>DOCUMENT # P99000090379</b> 1. Entity Name <b>PESCE ENTERPRISE, INC.</b>			
Principal Place of Business 1030 SAXON BLVD ORANGE CITYCH, FL 32763		Mailing Address 1030 SAXON BLVD ORANGE CITYCH, FL 32763	
2. Principal Place of Business <i>1030 Saxon Blvd</i>		3. Mailing Address <i>1030 Saxon Blvd</i>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <i>Orange City FL</i>		City & State <i>Orange City FL</i>	
Zip <i>32763</i>		Zip <i>32763</i>	
Country <i>USA</i>		Country <i>USA</i>	
4. FEI Number <b>59-3602480</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GALLERO, VICTOR</b> <b>1030 SAXON BLVD</b> <b>ORANGE CITYCH, FL 32763</b>		7. Name and Address of New Registered Agent  Name <i>David Gallero</i> Street Address (P.O. Box Number is Not Acceptable) <i>1030 Saxon Blvd</i> <i>Orange City</i> City <i>Orange City</i> <b>FL</b> <i>32763</i>	
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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GALLERO, VICTOR 1030 SAXON BLVD ORANGE CITYCH, FL 32763 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AMENDOLAGINE, MICHAEL 1030 SAXON BLVD ORANGE CITYCH, FL 32763 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V/D</i> <i>Amendolagine, Michael</i> <i>1301 Beville Rd #7</i> <i>Daytona, FL 32119</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GALLERO, LIANA 1030 SAXON BLVD ORANGE CITYCH, FL 32763 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GALLERO, DAVID 1030 SAXON BLVD ORANGE CITYCH, FL 32763 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P/S/T/D</i> <i>Gallero David</i> <i>1030 Saxon Blvd</i> <i>Orange City, FL 32763</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____			