

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90216 028 ***150.00

DOCUMENT # P99000094755

1. Entity Name
CAMPANO ENTERPRISES, INC.



Principal Place of Business
 6971 N FEDERAL HWY
 SUITE 402
 BOCA RATON, FL 33487

Mailing Address
 6971 N FEDERAL HWY
 SUITE 402
 BOCA RATON, FL 33487

24069523



2. Principal Place of Business
1541 BRIDGEWOOD DR

3. Mailing Address
1541 BRIDGEWOOD DR

Suite, Apt. #, etc.

04212004 Chg-P CR2E034 (10/03)

City & State
BOCA RATON, FL

City & State
BOCA RATON FL

4. FEI Number
65-0627915

Applied For
 Not Applicable

Zip
33434

Country

Zip
33434

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RUIZ, HUMBERTO E
6971 N FEDERAL HWY
SUITE 402
BOCA RATON, FL 33487

7. Name and Address of New Registered Agent

Name **RUIZ HUMBERTO**

Street Address (P.O. Box Number is Not Acceptable)
500 NE SPANISH RIVER BLVD #5

City **BOCA RATON** FL Zip Code **33431**

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 *Humberto E. Ruiz* DATE **4/30/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	M	<input type="checkbox"/> Delete
NAME	OSPINA, MARTHA	
STREET ADDRESS	3555 NW 61ST CIR	
CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	V	<input type="checkbox"/> Delete
NAME	ARISTIZABAL, PABLO	
STREET ADDRESS	1622 GRAND OAK WAY	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARISTIZABAL, FERNANDO	
STREET ADDRESS	3555 N.W. 61 ST. CIRCLE	
CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Fernando Aristizabal* DATE **4/30/04** DAYTIME PHONE # **561-592-1872**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR