


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
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24069523



2. Principal Place of Business 1541 BRIDGEWOOD DR	3. Mailing Address 1541 BRIDGEWOOD DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04212004 Chg-P CR2E034 (10/03)

City & State BOCA RATON, FL	City & State BOCA RATON FL
Zip 33434	Country
Zip 33434	Country

4. FEI Number 65-0627915	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RUIZ, HUMBERTO E 6971 N FEDERAL HWY SUITE 402 BOCA RATON, FL 33487
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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
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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  **HUMBERTO E. RUIZ** DATE **4/30/04**
(NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M OSPINA, MARTHA 3555 NW 61ST CIR BOCA RATON, FL 33496 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ARISTIZABAL, PABLO 1622 GRAND OAK WAY WELLINGTON, FL 33414 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARISTIZABAL, FERNANDO 3555 N.W. 61 ST. CIRCLE BOCA RATON, FL 33496 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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)(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