2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 17, 2004 8:00 am Secretary of State

DOCUMENT # P99000105825 1. Enlity Name BAMBINI MANAGEMENT, INC.					02-17-2004 9	90032 02	29 ***150	0.00
Principal Place of Business 1122 N MAIN ST., SUITE B KISSIMMEE, FL 34744 Mailing Address 1122 N MAIN ST., SUITE B KISSIMMEE, FL 34744 US					94017222			
2. Principal Place of Business Suite, Apt. #, etc., Suite, Apt. #, etc.								
Ste Al		Eity & State		4. FEI Number	Chg-P	CR2E03	4 (10/03)	plied For
Zip Country		Zip Country)	59-3613453 Not Applicab S8.75 Additional			t Applicable
31741 05000 a			Country		5. Certificate of Status Desired		ee Require	
6. Name and Address of Current Registered Agent Name					ddress of New Re	egistered A	gent	
GENOESE, GINA 1122 N MAIN ST., SUITE B 600 N Tracker Aul. KISSIMMEE, FL 34744 24741 SLE AI				ss (P.O. Box Number	is Not Acceptable))		
	01111		City			FL	Zip Code	е
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 Signature, typad or printed name of registered agent and fille if applicable. (NOTE: Registered Agent signature recurred when relinguish) DATE								
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.				\$5.00 May Be Added to Fees		**************************************		
10.	OFFICERS AND D	DIRECTORS Delete	11.	ADDITIONS/C	HANGES TO OFFI			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ' GENOESE, GINA 1122 N MAIN ST., SUITE B KISSIMMEE, FL 34744	TITLE NAME STREET ADDRESS CITY-SI-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
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TITLE NAME STREET AODRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP				☐ Change	☐ Addition

12. Thereby certify that the information supplied with this filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR