

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # S22447**

1. Entity Name  
**DENUNZIO & BASS INCENTIVES, INC.**



Principal Place of Business

115 MADEIRA AVENUE  
2ND FLOOR  
MIAMI, FL 33154 US

Mailing Address

115 MADEIRA AVENUE  
2ND FLOOR  
MIAMI, FL 33154 US

**DO NOT WRITE IN THIS SPACE**



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0241992**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DENUNZIO, ART, JR.  
20161 N.E. 16TH PLACE  
NORTH MIAMI BEACH, FL 33179

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**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	DP
NAME	DENUNZIO, ART, JR.
STREET ADDRESS	20161 N.E. 16TH PLACE
CITY - ST - ZIP	N. MIAMI BEACH, FL
TITLE	VP
NAME	BASS, FLETCHER
STREET ADDRESS	20161 NE 16 PL
CITY - ST - ZIP	N MIAMI BCH, FL
TITLE	ST
NAME	DENUNZIO, LISA
STREET ADDRESS	20161 NE 16 PL
CITY - ST - ZIP	N MIAMI BCH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000001780  
01/12/04-80025-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/04 305-445-1900