

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # S59898 1. Entity Name FUSCHETTO BROTHERS, INC.	
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Principal Place of Business 7011 SW 136TH AVE FT LAUDERDALE, FL 33330 US	Mailing Address P. O. BOX 7746 HOLLYWOOD, FL 33081-1746 US
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01212004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0282268	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FUSCHETTO, GIOVANNI
7011 SW 136 AVENUE
FT LAUDERDALE, FL 33330

**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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	D FUSCHETTO, GIOVANNI 7011 SW 136 AVENUE FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUSCHETTO, MARIA 7011 SW 136 AVENUE FT LAUDERDALE, FL
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000000074755
03/03/04-80030-025 150.00

**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)(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: X Giovanni Fuschetto B-1-04 954-680-025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #