## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 23, 2004 08:00 AM\_ Secretary of State **DOCUMENT # 403482** 1. Entity Name DON TALLET HARDWARE AND LUMBER COMPANY, INC. Mailing Address Principal Place of Business 4401 NW 7 STREET 4401 NW 7 STREET MIAMI, FL 33126 MIAMI, FL 33126 04202004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1404129 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LUACES, LORENZO DO NOT WRITE 4401 NW 7 STREET MIAMI, FL 33126 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 .000000125970 04/23/04-80015-008 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE LUACES, LORENZO NAME **4401 NW 7 STREET** STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33126 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

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 empowerpart succute 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

**SIGNATURE:** 

CITY-ST-ZIP TITLE NAME STREET ADDRESS CiTY+ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**