

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 18, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F02000000138**

1. Entity Name

**SOUTHERN TIER DEL ORO INCORPORATED**



Principal Place of Business

**C/O NORTHLAND INVESTMENT  
2150 WASHINGTON ST.  
NEWTON MA 02642**

Mailing Address

**C/O NORTHLAND INVESTMENT  
2150 WASHINGTON ST.  
NEWTON MA 02642**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

**80-0006930**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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**

**Make Check Payable to Florida Department of State**

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  
☐ Delete

**CD  
GOTTESDIENER, LAWRENCE R  
2150 WASHINGTON ST.  
NEWTON MA 02642**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

**PTD  
GATOF, ROBERT S  
2150 WASHINGTON ST.  
NEWTON MA 02642**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

**C  
ROSENTHAL, STEVEN P  
ONE FINANCIAL CENTER  
BOSTON MA 02111**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

**U000000055991  
02/18/04-80032-001 1400.00**

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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: BY:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/30/04**

**617.965.7100**