

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90003 043 \*\*\*150.00

**DOCUMENT # F02000001247**

1. Entity Name  
**VERDERAME INTERIORS COMPANY, INC.**



Principal Place of Business  
**10-40 BORDEN AVENUE  
LONG ISLAND CITY, NY 11101**

Mailing Address  
**1181 SOUTH ROGERS CIRCLE, SUITE 21  
BOCA RATON, FL 33487**

**54017908**



2. Principal Place of Business

3. Mailing Address

**1181 South Rogers Circle**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 31**

02022004

Chg-P

CR2E034 (10/03)

City & State

City & State

**Boca Raton FL**

4. FEI Number

**11-3235899**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33487**

**Palm Beach**

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

**VERDERAME, ANTHONY  
1181 SOUTH ROGERS CIRCLE, SUITE 21  
BOCA RATON, FL 33487**

Name

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

**1181 South Rogers Circle**

**Suite 31**

City

**Boca Raton**

**FL**

Zip Code

**33487**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **VERDERAME, ANTHONY**  
CITY-ST-ZIP **15948 D'ALENE DRIVE**  
**DEL RAY BEACH, FL 33446**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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: **Anthony Verderame**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-5-04**

Date

Daytime Phone #