



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91022 028 \*\*\*158.75

<b>DOCUMENT # F04613</b> 1. Entity Name <b>DILORETO &amp; SONS, INC.</b>					
Principal Place of Business <b>2121 N.W. 15TH AVENUE POMPANO BEACH, FL 33069</b>			Mailing Address <b>% CENTRAL INVESTMENT CORP 10560 ASHVIEW PL. STE 250 CINCINNATI, OH 45242-3795 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country		<b>44000060</b>  	
4. FEI Number <b>59-1998709</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Chg-P. <b>CR2E034 (10/03)</b>	
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZAPATA, ANGEL M 10560 ASHVIEW PL., STE 250 CINCINNATI, OH 452423795 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, RH 10560 ASHVIEW PL., STE 250 CINCINNATI, OH 452423795 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAUDILL, RICHARD W 10560 ASHVIEW PL., STE 250 CINCINNATI, OH 452423795 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KOONS, JF III 10560 ASHVIEW PL., STE 250 CINCINNATI, OH 452423795 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMPSON, REX E 10560 ASHVIEW PL., STE 250 CINCINNATI, OH 452423795 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Martin, William P. III 10560 Ashview PLace, Suite 250 Cincinnati, Ohio 45242 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SHELL, KEVEN E 10560 ASHVIEW PL., STE 250 CINCINNATI, OH 452423795 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>William P. Martin III</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			William P. Martin, II, Treasurer (513) 563-4700 Date <b>4-22-04</b> Daytime Phone #		

Florida Department of State  
Uniform Business Report  
2004

~~Attachment~~  
44036923

#F04613

DiLoreto & Sons, Inc.

Block 10

Title	D
Name	Gamstetter, Neil C.
Street Address	10560 Ashview Place, Suite 250
City-St-Zip	Cincinnati, Ohio 45242