


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90136 043 ***158.75

DOCUMENT # F04613	
1. Entity Name DILORETO & SONS, INC.	

Principal Place of Business 2121 N.W. 15TH AVENUE POMPANO BEACH, FL 33069	Mailing Address % CENTRAL INVESTMENT CORP 10560 ASHVIEW PL. STE 250 CINCINNATI, OH 45242-3795 US
---	--

50046731



2. Principal Place of Business		3. Mailing Address c/o Pepsi Americas	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Attn: Steve Rogers	
City & State		City & State 3501 Algonquin Rd. Rolling Meadows, IL	
Zip	Country	Zip	Country
		60008	USA

S04052005 Chg-P CR2E034 (10/03)

4. FEI Number 59-1998709	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

7. Name and Address of New Registered Agent
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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> Delete
NAME	ZAPATA, ANGEL M
STREET ADDRESS	10560 ASHVIEW PL., STE 250
CITY-ST-ZIP	CINCINNATI, OH 45243795
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	WARD, RH
STREET ADDRESS	10560 ASHVIEW PL., STE 250
CITY-ST-ZIP	CINCINNATI, OH 45243795
TITLE	VD <input checked="" type="checkbox"/> Delete
NAME	CAUDILL, RICHARD W
STREET ADDRESS	10560 ASHVIEW PL., STE 250
CITY-ST-ZIP	CINCINNATI, OH 45243795
TITLE	CD <input checked="" type="checkbox"/> Delete
NAME	KOONS, JF III
STREET ADDRESS	10560 ASHVIEW PL., STE 250
CITY-ST-ZIP	CINCINNATI, OH 45243795
TITLE	T <input checked="" type="checkbox"/> Delete
NAME	MARTIN, WILLIAM P III
STREET ADDRESS	10560 ASHVIEW PL., STE 250
CITY-ST-ZIP	CINCINNATI, OH 45243795
TITLE	VS <input checked="" type="checkbox"/> Delete
NAME	SHELL, KEVEN E
STREET ADDRESS	10560 ASHVIEW PL., STE 250
CITY-ST-ZIP	CINCINNATI, OH 45243795

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	G. Michael Durkin Jr.
STREET ADDRESS	3501 Algonquin Road
CITY-ST-ZIP	Rolling Meadows, IL 60008
TITLE	D/CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alexander H. Ware
STREET ADDRESS	3501 Algonquin Road
CITY-ST-ZIP	Rolling Meadows, IL 60008
TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brian D. Wenger
STREET ADDRESS	3501 Algonquin Road
CITY-ST-ZIP	Rolling Meadows, IL 60008
TITLE	V/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Andrew R. Stark
STREET ADDRESS	3501 Algonquin Road
CITY-ST-ZIP	Rolling Meadows, IL 60008
TITLE	V/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	W.Scott Nehs
STREET ADDRESS	3501 Algonquin Road
CITY-ST-ZIP	Rolling Meadows, IL 60008
TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Timothy W. Gorman
STREET ADDRESS	3501 Algonquin Road
CITY-ST-ZIP	Rolling Meadows, IL 60008

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: _____ **4-29-05 847-483-6553**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

Florida Department of State
Uniform Business Report
2005

50046731
F04613

DiLoreto & Sons, Inc.

Block 11

Title	D
Name	Kenneth E. Keiser
Street Address	3501 Algonquin Road
City-St-Zip	Rolling Meadows, IL 60008

Title	V-- General Manager
	Alexander H. Ware
	3501 Algonquin Road
	Rolling Meadows, IL 60008

Title	Assistant Vice President-Tax
	Steve C. Rogers
	3501 Algonquin Road
	Rolling Meadows, IL 60008