

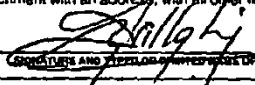
2004 FOR PROFIT CORPORATION ANNUAL REPORT

L69939

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 25 PM 3:47

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DOCUMENT # L69939			
1. Entity Name DERIRI OF FLORIDA, INC.			
Principal Place of Business 3525 HAMMOCK TRAIL MELBOURNE, FL 32934 US		Mailing Address 3525 HAMMOCK TRAIL MELBOURNE, FL 32934 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 69-3009390		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	
TORRE, MARIO D 3525 HAMMOCK TRAIL MELBOURNE, FL 32934		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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reappointing)	
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 NAME STREET ADDRESS CITY- ST- ZIP	PD DELLA TORRE, MARIO 3525 HAMMOCK TRAIL MELBOURNE, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	02/27/04 01006 004 \$150.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T DELLA TORRE CARLSEN, PALOA I 3525 HAMMOCK TRAIL MELBOURNE, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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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)(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: 		Date: 3/27/04	
SIGNATURE AND TYPE/PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

5/25 AM