


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90053 050 \*\*\*150.00

<b>DOCUMENT # L69939</b> 1. Entity Name <b>DERIRI OF FLORIDA, INC.</b>					
Principal Place of Business <b>3525 HAMMOCK TRAIL MELBOURNE, FL 32934 US</b>			Mailing Address <b>3525 HAMMOCK TRAIL MELBOURNE, FL 32934 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-3009390</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  <b>TORRE, MARIO D 3525 HAMMOCK TRAIL MELBOURNE, FL 32934</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DELLA TORRE, MARIO 3525 HAMMOCK TRAIL MELBOURNE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DELLA TORRE CARLSEN, PALOA I 3525 HAMMOCK TRAIL MELBOURNE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.			03/14/07 01006 004 \$150.00		
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		March 14, 2007      (321) 255-7175 <small>Date      Daytime Phone #</small>			



*Attachment*  
**Division of Corporations**

40036725

**Annual Report**

Annual Report Help

Document Number

**L69939**

Business Entity Name

**DERIRI OF FLORIDA, INC.**

FEI Number

593009390

FEI Number Status

Listed Above

Applied For

Not Applicable

Certificate of Status Desired

Yes

No

\$8.75 each

Election Campaign Financing Trust Fund Contribution

Yes

No

**Principal Place of Business**

Address

3525 HAMMOCK TRAIL

Suite, Apt. #, etc.

City, State

MELBOURNE

, FL

Zip Code &amp; Country 32934

US

**Mailing Address**

Address

3525 HAMMOCK TRAIL

Suite, Apt. #, etc.

City, State

MELBOURNE

, FL

Zip Code &amp; Country 32934

US

**Name and Address of Registered Agent**

Name (Last, First, Middle, Title)

TORRE

, MARIO

, D

**- OR -**

Business to serve as RA

Address (PO Box is not acceptable) 3525 HAMMOCK TRAIL

Suite, Apt. #, etc.

City, State

MELBOURNE

, FL

Zip Code &amp; Country

32934

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

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#K69939

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

### Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

### Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title PD  
Name (Last, First, Middle, Title) DELLA TORRE , MARIO , ,

- OR -

Entity Name to serve as  
Officer/Director

Street Address 3525 HAMMOCK TRAIL  
City, State MELBOURNE , FL  
Zip Code & Country

Title T  
Name (Last, First, Middle, Title) DELLA TORRE CA , PALOA , I ,

- OR -

Entity Name to serve as  
Officer/Director

Street Address 3525 HAMMOCK TRAIL  
City, State MELBOURNE , FL  
Zip Code & Country

Title  
Name (Last, First, Middle, Title) , , ,

- OR -

Entity Name to serve as  
Officer/Director

Street Address  
City, State ,  
Zip Code & Country

Title

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Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

officer.

*[Handwritten Signature]*

MARIO DELLA TORRE, PRESIDENT

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue Reset