

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2004 8:00 am
Secretary of State

05-19-2004 90012 025 ***150.00

DOCUMENT # P00000001924

1. Entity Name
MICHELANGELO GRAPHIC DISPLAY, INC.



Principal Place of Business
**6408 WEST LINEBAUGH AVE
101-102
TAMPA, FL 33625**

Mailing Address
**6408 WEST LINEBAUGH AVE
101-102
TAMPA, FL 33625**

54054826



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03112003

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3616430

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

**PORAT, RON
7505 ALLOWAY STREET
TAMPA, FL 33625**

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CARLETTI, OTTAVIO
6708 ROSEMARY DR
TAMPA, FL 33625** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CARLETTI, OTTAVIO
5716 Pinney Lane Dr
TAMPA, FL 33625** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
CIFUENTES, CLAUDIA
6708 ROSEMARY DR
TAMPA, FL 33625** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
CIFUENTES, CLAUDIA
5716 Pinney Lane Dr
TAMPA, FL 33625** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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

Cifuentes Claudia **CIFUENTES CLAUDIA**

May 17/2004

913-9648717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #