

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 20, 2004 8:00 am**  
**Secretary of State**

09-20-2004 90001 037 \*\*\*558.75

**DOCUMENT # P00000117383**

1. Entity Name  
**AGOSTINO ANTIQUES, INC.**



Principal Place of Business  
**1855 GRIFFIN ROAD #C312  
DANIA BEACH, FL 33004**

Mailing Address  
**979 THIRD AVE  
STE 1502  
NEW YORK, NY 10022**

**54073114**



2. Principal Place of Business

3. Mailing Address

09012004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**65-1077605**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**GERTZ, CHRISTOPHER J  
3696 N FEDERAL HIGHWAY  
SUITE 300  
FORT LAUDERDALE, FL 33308**

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 \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **TRUPIANO, SAL**  
STREET ADDRESS **808 BROADWAY**  
CITY-ST-ZIP **NEW YORK, NY 10003**

TITLE **V** ☐ Delete  
NAME **CARLINO, MARIE**  
STREET ADDRESS **979 THIRD AVE**  
CITY-ST-ZIP **NEW YORK, NY 10022**

TITLE **S** ☐ Delete  
NAME **TRUPIANO, LOUIS**  
STREET ADDRESS **808 BROADWAY**  
CITY-ST-ZIP **NEW YORK, NY 10003**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9

Attachment  
Doc # 00000117383  
AGOSTINO

ANTIQUES, LLC.

54073114

979 THIRD AVENUE • SUITE 1502 • NEW YORK, NY 10022 • TEL: (212) 421-8820 • FAX: (212) 421-8826

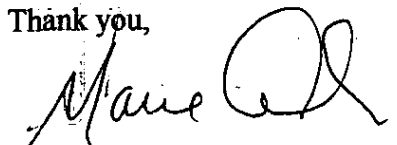
September 6, 2004

Division of Corporations  
PO BOX 1500  
Tallahassee, Florida 32302-1500

TO whom this may concern:

We did not receive any notice stating that the annual report was due by May 1 pursuant of the Florida Statutes.

Thank you,



Marie Carlino  
Vice President

Attachment  
Doc. # 000000117383  
54873114

**\*\*\*IMPORTANT NOTICE\*\*\***

You are eligible for a waiver of the \$400 late fee if you did not receive notice of this annual report being due by May 1, pursuant to 607.193(1)(b), Florida Statutes.

A letter stating this fact must accompany the annual report when it is submitted for filing.