

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90008 046 ***158.75

DOCUMENT # P01000028382

1. Entity Name

ROBERTO PONTI CORPORATION



Principal Place of Business

6705 TAFT STREET
HOLLYWOOD FL 33024

Mailing Address

6705 TAFT STREET
HOLLYWOOD FL 33024

2. Principal Place of Business

726 NE 5 AVE

3. Mailing Address

726 NE 5 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
FORT LAUDERDALE

City & State
FORT LAUDERDALE

Zip
33304

Country
BROWARD

Zip
33304

Country
BROWARD



MOORE

CR2E034 (4/04)

4. FEI Number

65-1121112

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

PONTI, ROBERTO
6705 TAFT STREET
HOLLYWOOD FL 33024

Name
ROBERTO PONTI

Street Address (P.O. Box Number is Not Acceptable)

726 NE 5 AVE

City
FORT LAUDERDALE, FL

Zip Code
33304

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
ROBERTO PONTI

08-04-2004

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

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

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
D
PONTI, ROBERTO
6705 TAFT STREET
HOLLYWOOD FL 33024 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ROBERTO PONTI
726 NE 5 AVE
FORT LAUDERDALE, FL. 33304 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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TITLE
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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: ROBERTO PONTI

08-04-04 (954) 465-7280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #