

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90380 042 ***150.00

DOCUMENT # P01000086923

1. Entity Name
DILORETO, INC.



Principal Place of Business

**110 HALF MOON CR. 63
HYPOLUXO, FL 33462**

Mailing Address

**110 HALF MOON CR. 63
HYPOLUXO, FL 33462**

DO NOT WRITE IN THIS SPACE



04072005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1136397

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional - - -
Fee Required

6. Name and Address of Current Registered Agent

**COHEN, STEVEN A
515 NORTH FLAGLER DRIVE STE 300 PAVILION
WEST PALM BEACH, FL 33401**

**DO NOT WRITE
IN THIS SPACE**

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
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DPS
DILORETO, GREGORY T SR
110 HALF MOON BAY CIRCLE, G-3
HYPOLUXO, FL 33462**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DVT
DILORETO, ELAINE M
110 HALF MOON BAY CIRCLE, G-3
HYPOLUXO, FL 33462**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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NAME
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CITY - ST - ZIP

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IN THIS SPACE**

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 #

4805 561 7046229