

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000036182

1. Entity Name
SORPIETTO INVESTMENT CORP.



Principal Place of Business
**1880 GRANTHAM COURT
WELLINGTON, FL 33414**

Mailing Address
**1880 GRANTHAM COURT
WELLINGTON, FL 33414**



07072004 No Chg-P CR2E034 (10/03)

4. FEI Number
01-0656005

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DE PIETTO, PELLEGRINO A
1880 GRANTHAM COURT
WELLINGTON, FL 33414**

**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 date if applicable

(NOTE: Registered Agent signature required when changing)

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

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**P
DE PIETTO, PELLEGRINO A
1880 GRANTHAM COURT
WELLINGTON, FL 33414**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**V
SORIERO, EDMUND P
823 CEDAR COVE RD.
WELLINGTON, FL 33414**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**V
SORIERO, VINCENT
2273 SUNDERLAND AVE.
WELLINGTON, FL 33414**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

U000000167465
07/20/04-80005-023 150.00

**DO NOT WRITE
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)(c), 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 #

7-1504