

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 17, 2004 8:00 am
Secretary of State

04-19-2004 90333 014 ***150.00

66421966



MOORE CR2E034 (11/03)

DOCUMENT # P02000063251 1. Entity Name SIGNS & BANNERS DIRECT, INC.					
Principal Place of Business 6561 N E 21ST AVENUE FT. LAUDERDALE FL 33308			Mailing Address 6561 N E 21ST AVENUE FT. LAUDERDALE FL 33308		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number AP-PLIED FOR	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LIBERTO, JOHN 6561 N E 21ST AVENUE FT. LAUDERDALE FL 33308					
7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State </div> <div style="width: 60%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIBERTO, JOHN 6561 N E 21ST AVENUE FT. LAUDERDALE FL 33308 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>John Liberto</i> JOHN LIBERTO <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-13-04 954-295-6249 <small>Date Daytime Phone #</small>		

Attachment
DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
HOLTSVILLE NY 00501

DATE OF THIS NOTICE: 07-05-2002
NUMBER OF THIS NOTICE: CP 575 A
EMPLOYER IDENTIFICATION NUMBER: 02-0623602
FORM: SS-4
0134148867 B

66421966
#P02000063251

FOR ASSISTANCE CALL US AT:
1-800-829-1040

SIGNS & BANNERS DIRECT INC
6561 NE 21ST AVE
FORT LAUDERDALE FL 33308

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

~~Thank you for your Form SS-4, Application for Employer Identification Number~~
(EIN). We assigned you EIN 02-0623602. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing and incorrect information in your account. It also could cause you to be assigned more than one EIN.

Based on the information shown on your Form SS-4, you must file the following forms(s) by the date we show.

Form 941	10/31/2002
Form 1120	03/15/2003
Form 940	01/31/2003

Your assigned tax classification is based on information obtained from your Form SS-4. It is not a legal determination of your tax classification and is not binding on the IRS. If you want a determination on your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Rev. Proc. 98-01, 1998-1 I.R.B. 7 (or the superceding revenue procedure for the year at issue).

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have questions about the forms shown or the date they are due, you may call us at 1-800-829-1040 or write to us at the address shown above.

If you're required to deposit for employment taxes (Forms 941, 943, 940, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), we will send an initial supply of Federal Tax Deposit (FTD) coupon books within six weeks. You can use the enclosed coupons if you need to make a deposit before you receive your supply.

~~Attachment~~

(IRS USE ONLY) 575A 020623602 07-05-2002 SIGN B 0134148867 SS-4

66421966
#P02000063251

Start your business off right - pay your taxes the easy way. Pay through the Electronic Federal Tax Payment System (EFTPS). For information, call 1-800-829-3676 and request Publication 966, EFTPS Answers to the Most Commonly Asked Questions.

Please use the label IRS provided when filing tax documents. Use FTD coupons when making FTD payments. If that isn't possible, use your EIN and complete name and address as shown below to identify your account and to avoid delays in processing.

SIGNS & BANNERS DIRECT INC
6561 NE 21ST AVE
FORT LAUDERDALE FL 33308

If this information isn't correct, please correct it using the bottom part of this notice. Return it to the address shown so we can correct your account.

Note: If you change your corporation to a S corporation, you must file Form 2553, Election by a Small Business Corporation.

Note: If you change your business to a corporation, you may need to file Form 8832, Entity Classification Election. See the form's instructions to determine if you're required to file.

Keep this part for your records.

CP 575 A (Rev.

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575

0134148867

Your Telephone Number Best Time to Call
()

DATE OF THIS NOTICE: 07-05-2002
EMPLOYER IDENTIFICATION NUMBER: 02-0623
FORM: SS-4

INTERNAL REVENUE SERVICE
HOLTSVILLE NY 00501

SIGNS & BANNERS DIRECT INC
6561 NE 21ST AVE
FORT LAUDERDALE FL 33308