

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000058883

1. Entity Name
CARIDI INTERNATIONAL REALTY, INC.



Principal Place of Business
2466 PROVENCE COURT
WESTON, FL 33327

Mailing Address
2466 PROVENCE COURT
WESTON, FL 33327

2. Principal Place of Business
2466 Provence Ct.
Suite, Apt. #, etc.

3. Mailing Address
2466 Provence Ct.
Suite, Apt. #, etc.

City & State
Weston, Fla.
Zip **33327** Country **USA**

City & State
Weston, Fla.
Zip **33327** Country **USA**

6. Name and Address of Current Registered Agent

CARIDI, DAVID
2466 PROVENCE COURT
WESTON, FL 33327

Name

DAVID

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
NAME **CARIDI, DAVID**
STREET ADDRESS **2466 PROVENCE COURT**
CITY-ST-ZIP **WESTON, FL 33327**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE Delete
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:

David Caridi David Caridi 7/19/04 954-767-78

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED
Jul 19, 2004 8:00 am
Secretary of State**

07-19-2004 90017 032 ***150.00



07082004 Chg-P CR2E034 (10/03)

4. FEI Number **14-1886558** Applied For
 Not Applicable

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



Attachments

14026169

P03000058883

Division of Corporations

Annual Report

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Business Entity Name

CARIDI INTERNATIONAL REALTY, INC.

After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

FEI Number

14-1886558

FEI Number Status

 Applied For Not Applicable Current

Certificate of Status Desired

 Yes No

Principal Place of Business

Address

2466 PROVENCE COURT

Suite, Apt. #, etc.

City, State

WESTON, FL

Zip Code & Country

33327

Mailing Address

Address

2466 PROVENCE COURT

Suite, Apt. #, etc.

City, State

WESTON, FL

Zip Code & Country

33327

Name And Address of Registered Agent

Name (Last, First, Middle, Title) CARIDI, DAVID

-or- RA Business Name

Address

2466 PROVENCE COURT

Suite, Apt. #, etc.

City, State

WESTON, FL

Zip Code & Country

33327

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered

*Attachment
14026169
JH POS 000058883*

Agent Signature block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

Sunbiz Home Page

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