

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90299 017 ***158.75

DOCUMENT # P03000099562 1. Entity Name DI SANTO MARBLE IMPORTS, INC.			
Principal Place of Business 4331 DALE ROAD WEST PALM BEACH, FL 31406		Mailing Address 4331 DALE ROAD WEST PALM BEACH, FL 31406	
2. Principal Place of Business 5755 YAHU STREET Suite, Apt. #, etc.		3. Mailing Address 5755 YAHU STREET Suite, Apt. #, etc.	
City & State NAPLES, FLORIDA Zip 34109		City & State NAPLES, FLORIDA Zip 34109	
Country USA		Country USA	
4. FEI Number 412108869		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DI SANTO, NICK 4331 DALE ROAD WEST PALM BEACH, FL 31406		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 <u>NICK DISANTO</u> Signature, typed or printed name of registered agent and, if applicable, (NCTE Registered Agent signature required when retreating)		DATE <u>4-15-04</u>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		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	☐ Delete D DI SANTO, NICK 4331 DALE ROAD WEST PALM BEACH, FL 31406	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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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: <u>NICK DISANTO</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE <u>4-15-04</u> Date Daytime Phone #	