

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 10, 2004 8:00 am
Secretary of State

09-10-2004 90003 012 ***150.00

DOCUMENT # P03000101383

1. Entity Name

SIGN FACTORY INC.



Principal Place of Business

253 POINCIANA ISLAND DR.
SUNNY ISLES FL 33160

Mailing Address

253 POINCIANA ISLAND DR.
SUNNY ISLES FL 33160

04072389



MOORE

CR2E034 (4/04)

2. Principal Place of Business

279 E OAKLAND PK BLVD

Suite, Apt. #, etc.

3. Mailing Address

279 E OAKLAND PK BLVD

Suite, Apt. #, etc.

City & State

OAKLAND PARK, FL

Zip

33334

Country

US

City & State

OAKLAND PARK, FL

Zip

33334

Country

US

4. FEI Number

200477187

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LAURIA, LOUIS
253 POINCIANA ISLAND DR.
SUNNY ISLES FL 33160**

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

Louis Lauria **LOUIS LAURIA**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

SEPT 7, 2004

DATE

**FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004**

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **CEO** ☐ Delete
NAME **LAURIA, LOUIS**
STREET ADDRESS **253 POINCIANA ISLAND DR.**
CITY-ST-ZIP **SUNNY ISLES FL 33160**

TITLE **COO** ☐ Delete
NAME **LAURIA, PETER**
STREET ADDRESS **253 POINCIANA ISLAND DR.**
CITY-ST-ZIP **SUNNY ISLES FL 33160**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Louis Lauria **LOUIS LAURIA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEPT 7, 2004

Date

954-564-0180

Daytime Phone #

Attachment
54072389
#03000101383

Fiorello Income Tax Service
2128 Hollywood Blvd.
Hollywood, FL 33020
(954) 922-1221
(954) 922-5239 fax

09/08/04

Dear Sirs:

As per my conversation with one of your representatives, I am sending a check in the amount of \$150.00. My client never received a renewal Annual Report. He was not aware of the fact that cards were being sent to renew on line or to download a report. He is asking for a waiver of penalty for this matter.

Frank J. Mancini EA #2002-68858

Frank J. Mancini

Fiorello Income Tax Service

SIGN FACTORY INC.

#200477187