


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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DOCUMENT # P03000139800			
1. Entity Name CARLOS D. DIPAUTI, INC.			
Principal Place of Business 5802 RACEWAY RD LAKE WORTH FL 33467		Mailing Address 5802 RACEWAY RD LAKE WORTH FL 33467	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

6. Name and Address of Current Registered Agent DIPAUTI, CARLOS D 5802 RACEWAY RD LAKE WORTH FL 33467		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 reinstating) 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. <input checked="" type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIPAUTI, CARLOS D 5802 RACEWAY RD LAKE WORTH FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400042475954 11/04/04--01048--005 **\$150.00
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
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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.

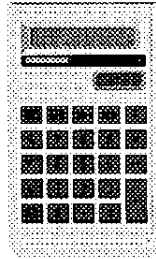
SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

10/29/04
Date Daytime Phone #

185



**STEVEN BRODSKY, CPA
10715 LAKE SHORE DRIVE
WELLINGTON, FL 33414**



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Phone: (561) 333-3350

October 27, 2004

Division of Corporations
Annual Report Section
P.O. Box 6850
Tallahassee, FL 32314

RE: Carlos D. Dipauli, Inc.
Document #P03000139800

To Whom it may concern,

On behalf of the above captioned Corporation, my client, enclosed please find the Annual Report for 2004 along with a check for \$150.00. The corporation did not receive the renewal card with instructions to file the annual report on line. Had the Corporation received that card, it would have filed this annual report on a timely basis, and avoided the proposed late filing penalty.

I respectfully request that you process this renewal, and waive the penalty of \$400.00. The Corporation and I will insure that all future filings of this annual report are filed and paid timely. If you have any questions, or have need of any additional information, feel free to contact me directly.

Sincerely yours,

STEVEN BRODSKY
Certified Public Accountant

Enclosure