

2008 FOR PROFIT CORPORATION ANNUAL REPORT

04-14-2008 90016017 ***150.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01212008 Chg-P CR2E034 (12/06)

DOCUMENT # P07000101110 1. Entity Name DI'S TERRAZZO, INC.			
Principal Place of Business 1450 NORTH WICKHAM RD MELBOURNE, FL 32935		Mailing Address 1091 WEST EAU GALLIE BLVD MELBOURNE, FL 32935	
2. Principal Place of Business - No P.O. Box # 914 Saint Clair St.		3. Mailing Address 141 Diane Circle	
Suite, Apt. #, etc. #169		Suite, Apt. #, etc. 	
City & State Melbourne FL		City & State Indiatlantic FL	
Zip 32935		Zip 32903	
Country USA		Country USA	
4. FEI Number 26-0882279		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMBERDELLA, DIANE H 1091 WEST EAU GALLIE BLVD MELBOURNE, FL 32935		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>Diane H. Camberdella DST</u> DATE <u>4-10-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP CAMBERDELLA, ANTHONY T 1091 WEST EAU GALLIE BLVD MELBOURNE, FL 32935	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 141 Diane Circle Indiatlantic FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CAMBERDELLA, DIANE H 1091 WEST EAU GALLIE BLVD MELBOURNE, FL 32935	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 141 Diane Circle Indiatlantic FL 32903
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 exemptions contained in Chapter 119, 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>Diane H. Camberdella DST. Diane H. Camberdella</u> DATE <u>4-10-08</u> <u>321-777-4607</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

KS