

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 14, 2004 8:00 am**  
**Secretary of State**

06-14-2004 90005 036 \*\*\*150.00

**DOCUMENT # P96000018187**

1. Entity Name  
**D'AMBROSIO HOME IMPROVEMENT, INC.**



Principal Place of Business  
**4100 NW 106TH AVE.  
CORAL SPRINGS, FL 33065**

Mailing Address  
**4100 NW 106TH AVE  
CORAL SPRINGS, FL 33065**

**04046515**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06092004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**65-0650734**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**D'AMBROSIO, DANIEL  
3436 CORAL SPRINGS DR.  
CORAL SPRINGS, FL 33065**

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

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 **P** ☒ Delete  
NAME **D'AMBROSIO, DANIEL**  
STREET ADDRESS **3436 CORAL SPRINGS DR.**  
CITY-ST-ZIP **C.S., FL 33065**

TITLE **D'Ambrosio Home Improvement Inc.** ☐ Change ☐ Addition  
NAME **Daniel D'Ambrosio**  
STREET ADDRESS **4371 NW 103rd Dr**  
CITY-ST-ZIP **C.S. Fla. 33065** ☐ Change ☐ Addition

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:**

*Daniel D'Ambrosio*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6-9-04**

**(954) 345-0279**

Date

Daytime Phone #

~~All channels~~

44046515

P960000512  
7

To Whom it may concern;

In the past I have never been late in filing my Annual Return. I had moved and I never received the postcard so I am late in paying this year. I would appreciate it if the late fee could be abated for the above reason. I had my friend download my form and I am sending it with the \$150.00 fee as my payment with the hope it will be of satisfaction to you.

Daniel DMM