2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000057248

 Entity Name CIRO CARUSO AND SONS PAINTING & DECORATING, INC.



FILED Apr 28, 2004 08:00 AM Secretary of State

Principal Place of Business

1430 56TH AVENUE, NORTH SAINT PETERSBURG, FL 33703-2031 Mailing Address

1430 56TH AVENUE, NORTH SAINT PETERSBURG, FL 33703-2031



04242004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3392327

Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL AND UTRERA, P.A. 1840 SW 22ND ST 4TH FLOOR MIAMI, FL 33145

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	named entity submits this statement for the prions of registered agent.	urpose of changing its regist	ered office or i	egistered agent, or bo	ith, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable (NOTE, Registe	ered Agent signature	e required when reinstating)	DATE
FILE NOW!!! FEE 18 \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Fin Trust Fund Contribution		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS	1		100000134838
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CARUSO, GERALD M 1430 56TH AVENUE, NORTH SAINT PETERSBURG, FL 33703				U00000134835 04/28/04-80034-016 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BURKE, KATHRYN S 1430 56TH AVENUE, NORTH SAINT PETERSBURG, FL 33703				
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CITY-ST-ZIP	and if that the information a unplied with this El	ing does not evelible for the s	According state	d in Section 110 07(0)	6) Chairda Chat don I fruther earlife that the information
1z. I nereby (certify that the information supplied with this fill	ing does not quality for the e	kemption state	to 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: Sterald D. Como	GERALO M. CARUSO	PLET 4-23-04	1 360-8836
SIGNATURE AND TYPED OR PRINTED NAME OF SIG		Cate	Daylime Phone #