

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90301 028 \*\*\*150.00

**DOCUMENT # P97000028104**

1. Entity Name

CERAMICA HISPANICA INC.



Principal Place of Business

256 WORTH AVE  
PALM BEACH FL 33480

Mailing Address

256 WORTH AVE  
PALM BEACH FL 33480

24062023



MOORE CR2E034 (11/03)

2. Principal Place of Business

3300 S. DIXIE HWY

Suite, Apt. #, etc.

SUITE 1

City & State

WEST PALM BEACH FL

Zip

33405

Country

USA

3. Mailing Address

3300 S. DIXIE HWY

Suite, Apt. #, etc.

SUITE 1

City & State

WEST PALM BEACH FL

Zip

33405

Country

USA

4. FEI Number

65-0736856

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FARIELLO, JOHN \*  
256 WORTH AVE  
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name

\* SAME - NO CHANGE

Street Address (P.O. Box Number is Not Acceptable)

3300 S. DIXIE HWY

SUITE 1

City

WEST PALM BEACH

FL

Zip Code

33405

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 \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME FARIELLO, JOHN  
STREET ADDRESS 256 WORTH AVE  
CITY-ST-ZIP PALM BEACH FL 33480

TITLE D ☐ Delete  
NAME FARIELLO, GERTRUDE  
STREET ADDRESS 256 WORTH AVE  
CITY-ST-ZIP PALM BEACH FL 33480

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 D ☐ Change ☐ Addition  
NAME FARIELLO, JOHN  
STREET ADDRESS 3300 S. DIXIE HWY, SUITE #1  
CITY-ST-ZIP WEST PALM BEACH FL 33405

TITLE D ☐ Change ☐ Addition  
NAME FARIELLO, GERTRUDE  
STREET ADDRESS 3300 S. DIXIE HWY, SUITE #1  
CITY-ST-ZIP WEST PALM BEACH FL 33405

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

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

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

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: *John Fariello* JOHN FARIELLO

4-28-04

561  
820 0032

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #