

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P97000028104

1. Entity Name

CERAMICA HISPANICA INC.



**FILED**

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

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

Principal Place of Business

256 WORTH AVE  
PALM BEACH FL 33480

Mailing Address

256 WORTH AVE  
PALM BEACH FL 33480

240b2043

2. Principal Place of Business

3300 S. DIXIE HWY

3. Mailing Address

3300 S. DIXIE HWY

Suite, Apt. #, etc.

SUITE 1

Suite, Apt. #, etc.

SUITE 1

City & State

WEST PALM BEACH FL

City & State

WEST PALM BEACH FL

Zip

33405

Country

USA

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

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

\$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	D FARIELLO, JOHN 256 WORTH AVE PALM BEACH FL 33480	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARIELLO, JOHN 3300 S. DIXIE HWY. SUITE #1 WEST PALM BEACH FL 33405	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARIELLO, GERTRUDE 256 WORTH AVE PALM BEACH FL 33480	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARIELLO, GERTRUDE 3300 S. DIXIE HWY SUITE #1 WEST PALM BEACH FL 33405	<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 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 Farielo* **Date:** *4-28-04* **Daytime Phone #:** *820 0032*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR