

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 20, 2004 8:00 am**  
**Secretary of State**

05-20-2004 90004 013 \*\*\*150.00

**DOCUMENT # P97000050913**

1. Entity Name  
**DIFALCO, INC.**



Principal Place of Business  
**7210 S.W. 57TH AVE  
STE. 202 E  
SOUTH MIAMI, FL 33143**

Mailing Address  
**7210 S.W. 57TH AVE  
STE. 202 E  
SOUTH MIAMI, FL 33143**

**44045620**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03042003 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

**65-0774234**

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

**KOLSKI, STEPHEN J ESQUIRE  
1700 ALFRED I DUPONT BUILDING  
169 EAST FLAGLER STREET  
MIAMI, FL 33131**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **PST**  
STREET ADDRESS **DI FALCO, PETER J**  
CITY- ST- ZIP **6220 S.W. 78TH ST.  
MIAMI, FL 33143**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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  
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TITLE ☐ Change ☐ Addition  
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CITY- ST- ZIP

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

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/04  
Date

305-663-7941  
Daytime Phone #