## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

SIGNATURE AND TYPED OR

## Secretary of State DOCUMENT # P97000050913 05-20-2004 90004 013 \*\*\*150.00 1. Entity Name DIFALCO, INC. Mailing Address Principal Place of Business 44045620 7210 S.W. 57TH AVE 7210 S.W. 57TH AVE STE. 202 E STE. 202 E SOUTH MIAMI, FL 33143 SOUTH MIAMI, FL 33143 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 Applied For 65-0774234 Not Applicable Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7.-Name and Address of New Registered Agent Name KOLSKI, STEPHEN J ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 1700 ALFRED I DUPONT BUILDING 169 EAST FLAGLER STREET MIAMI, FL 33131 City 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. 4/1/4 . (NOTE: Registered Agent signature required when reinstating) क्षा Signature, typed or printed name of registered agent and title if applicable. DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS 10.1 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ☐ Delete TITLÉ TITLE ☐ Change Addition DI FALCO, PETER J NAME NAME 6220 S.W. 78TH ST. STREET ADDRESS STREET ADDRESS MIAMI, FL 33143 CITY-ST-ZIP CITY-ST-ZIP ة TITLE ☐ Delete ☐ Change ■ Addition ' NAME NAME **▼STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete - ☐ Change -- ☐ Addition NAME NAME . . . ! STREET ADDRESS STREET ADDRESS CITY?ST-ZIP CITY-ST-ZIP STITLE of The same ☐ Delete TITLE . ☐ Change ☐ Addition NAME NAME STREET ADDRÉSS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing vioes not ocalify 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 of the corporation or the receiver or trustee empowered to echanged, or on an attachment with an address, with all other

ER OR DIRECTOR

**FILED** May 20, 2004 8:00 am