


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> P98000009269 <b>1. Entity Name</b> DICARDI VENDING CORP.	
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<b>Principal Place of Business</b> 13451 N.W. 7TH TERRACE MIAMI, FL 33182	<b>Mailing Address</b> 13451 N.W. 7TH TERRACE MIAMI, FL 33182
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01042004 No Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 65-0812454	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

DE LA TORRE, DIONISIO JR  
13451 N.W. 7TH TERRACE  
MIAMI, FL 33182

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**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** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PD DE LA TORRE, DIONISIO JR 13451 N.W. 7TH TERRACE MIAMI, FL 33182
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VD DE LA TORRE, CARTMEN 13451 N.W. 7TH TERRACE MIAMI, FL 33182
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	TD DE LA TORRE, DIONISIO III 13451 N.W. 7TH TERRACE MIAMI, FL 33182
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

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04/19/04-80100-006 150.00

**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:** Tome Dione de la Torre **4/17/04 (305) 207-0970**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #