

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000103180

FILED
Apr 26, 2009
Secretary of State

Entity Name: C SVOLTO ENTERPRISES INC.

Current Principal Place of Business:

3550 WASHINGTON ST APT 408
HOLLYWOOD, FL 33021

New Principal Place of Business:

2441 CLEVELAND ST 2ND FLOOR
APT B
HOLLYWOOD, FL 33020

Current Mailing Address:

3550 WASHINGTON ST APT 408
HOLLYWOOD, FL 33021

New Mailing Address:

2441 CLEVELAND ST 2ND FLOOR
APT B
HOLLYWOOD, FL 33020

FEI Number: 20-3256971

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SVOLTO, CLIFFORD E
3550 WASHINGTON ST APT 408
HOLLYWOOD, FL, FL 33021 US

Name and Address of New Registered Agent:

SVOLTO, CLIFFORD E
2441 CLEVELAND ST 2ND FLOOR
APT B
HOLLYWOOD, FL 33020 US

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.

SIGNATURE: _____

04/26/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: SVOLTO, ANGELICA M
Address: 3550 WASHINGTON ST #408
City-St-Zip: HOLLYWOOD, FL 33021

Title: P (X) Delete
Name: SVOLTO, CLIFFORD
Address: 3550 WASHINGTON ST UNIT 408
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: SVOLTO, ANGELICA M
Address: 2441 CLEVELAND ST 2ND FLOOR
City-St-Zip: HOLLYWOOD, FL 33020

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLIFFORD SVOLTO

MR.

04/26/2009

Electronic Signature of Signing Officer or Director

Date