


**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90060 028 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

DOCUMENT # P06000118109			
1. Entity Name STEPHANIE CAVALLARO, INC.			
Principal Place of Business 1227 S BEACH STREET APT 2050 DAYTONA BEACH, FL 32114		Mailing Address 1227 S BEACH STREET APT 2050 DAYTONA BEACH, FL 32114	
2. Principal Place of Business - No P.O. Box # 1267 South Beach Street Suite, Apt., #, etc. Apt # 1123 City & State Daytona Beach, FL Zip 32114 Country USA		3. Mailing Address 1267 South Beach Street Suite, Apt., #, etc. Apt # 1123 City & State Daytona Beach, FL Zip 32114 Country USA	
		4. FEI Number 20-5542771	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAVALLARO, STEPHANIE 1227 S BEACH STREET APT 2050 DAYTONA BEACH, FL 32114		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: <u>Stephanie Cavallaro (President)</u> 4/12/07 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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	P CAVALLARO, STEPHANIE 1227 S BEACH STREET APT 2050 DAYTONA BEACH, FL 32114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Stephanie Cavallaro</u> 4/12/07 # 904-392-9117 # 845-649-8953 <small>Signature and typed or printed name of signing officer or director. Date. Daytona phone #</small>			