

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000000997

Entity Name: SICILIANO ENTERPRISES, INC.

FILED
Feb 21, 2009
Secretary of State

Current Principal Place of Business:

865 SOUTH CONGRESS AVENUE
WEST PALM BEACH, FL 33406 US

New Principal Place of Business:

Current Mailing Address:

865 S CONGRESS LN
W PALM BEACH, FL 33406 US

New Mailing Address:

865 S CONGRESS AVE
W PALM BEACH, FL 33406 US

FEI Number: 65-0631525

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SICILIANO, MICHAEL
865 S CONGRESS AVE
W PALM BEACH, FL 33406 US

Name and Address of New Registered Agent:

SICILIANO, MICHAEL PRES
865 S CONGRESS AVE
W PALM BEACH, FL 33406 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: DORY GUTIERREZ

02/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SICILIANO, MICHAEL
Address: 865 S CONGRESS AVE
City-St-Zip: W PALM BEACH, FL 33071

Title: VD () Delete
Name: KEATHLEY, TIMOTHY
Address: 865 S CONGRESS AVE
City-St-Zip: W PALM BEACH, FL 33071

Title: ST () Delete
Name: GUTIERREZ, DORY
Address: 865 S CONGRESS AVE
City-St-Zip: W PALM BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: ST (X) Change () Addition
Name: GUTIERREZ, DORY
Address: 865 S CONGRESS AVE
City-St-Zip: W PALM BEACH, FL 33406

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: DORY GUTIERREZ

ST

02/21/2009

Electronic Signature of Signing Officer or Director

Date