

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000000997

**FILED**  
**Mar 31, 2012**  
**Secretary of State**

**Entity Name:** SICILIANO ENTERPRISES, INC.

**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 AVE  
W PALM BEACH, FL 33406 US

**New Mailing Address:**

**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 PRES  
865 S CONGRESS AVE  
W PALM BEACH, FL 33406 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL SICILIANO

PRES

03/31/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date