


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 05, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F05000005441</b> 1. Entity Name <b>CESARONI TECHNOLOGY INCORPORATED</b>	
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Principal Place of Business <b>1144 TALLEVAST ROAD SUITE 108 SARASOTA, FL 34243</b>	Mailing Address <b>1144 TALLEVAST ROAD SUITE 108 SARASOTA, FL 34243</b>
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08312006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>62-1519675</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**CESARONI, ANTHONY J  
1144 TALLEVAST ROAD  
SUITE 108  
SARASOTA, FL 34243**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDP CESARONI, ANTHONY J 3850 ROYAL HAMMOCK BLVD. SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WEINBERG, ALEX 2561 SOUFFVILLE ROAD GORMLEY ONTARIO L0H 1G0,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KIYONAGA, JUDY V 3850 ROYAL HAMMOCK BLVD. SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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09/05/06-80008-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Aug 31/06* *741-3603100 x101*