

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000003574

FILED  
Jan 12, 2011  
Secretary of State

**Entity Name:** CONESE ENTERPRISES, LTD., INC

**Current Principal Place of Business:**

650 CASUARINA CONCOURSE  
CORAL GABLES, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

650 CASUARINA CONCOURSE  
CORAL GABLES, FL 33143

**New Mailing Address:**

**FEI Number:** 65-0792782

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATE ACCESS INC  
236 E 6TH AVE  
TALLAHASSEE, FL 32303 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: CP  
Name: CONESE, SR., EUGENE P  
Address: 650 CASUARINA CONCOURSE  
City-St-Zip: CORAL GABLES, FL 33143

Title: D  
Name: CONESE, JR., EUGENE P  
Address: 650 CASUARINA CONCOURSE  
City-St-Zip: CORAL GABLES, FL 33143

Title: DS  
Name: CONESE, ANNA MAY  
Address: 650 CASUARINA CONCOURSE  
City-St-Zip: CORAL GABLES, FL 33143

Title: VPT  
Name: DELEON BELLOC, MARTHA  
Address: 650 CASUARINA CONCOURSE  
City-St-Zip: CORAL GABLES, FL 33143

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: MARTHA DE LEON BELLOC

VP

01/12/2011

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

\_\_\_\_\_  
Date