## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F98000003297

Entity Name: 710 ENTERPRISES, INC.

FILED Mar 24, 2009 Secretary of State

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Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	SHIP LINE RD. RK, PA 19027	US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	SHIP LINE RD. RK, PA 19027	US			
FEI Number:	23-2991847	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
	EDWIN F ASVILLE ROAD SEE, FL 32303				
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.					
SIGNATUR	E:				
	Electronic	Signature of Registered Agent	t	Date	
Election Cam	paign Financing T	rust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () D MATTIA, ANGELO 710 TOWNSHIP L ELKINS PARK, PA	J INE ROAD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP () D MATTIA, PASQUA 710 TOWNSHIP L ELKINS PARK, PA	LE INE ROAD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T () D MATTIA, FRANCIS 710 TOWNSHIP L ELKINS PARK, PA	S G INE ROAD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T () D MATTIA, ARTHUR 710 TOWNSHIP L ELKINS PARK, PA	J INE ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P (X) D MATTIA, ANGELO 710 TOWNSHIP L ELKINS PARK, PA	INE RD.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP (X) D PASQUALE, MAT 710 TOWNSHIP L ELKINS PARK, PA	ΓΙΑ INE RD.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: ARTHUR J MATTIA T 03/24/2009