

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H85317

FILED  
May 03, 2007  
Secretary of State

Entity Name: CARUSO CORPORATION

## Current Principal Place of Business:

400 EUCLID AVE.  
NAPLES, FL 33942

## New Principal Place of Business:

400 EUCLID AVE.  
NAPLES, FL 34110

## Current Mailing Address:

400 EUCLID AVE.  
NAPLES, FL 33942

## New Mailing Address:

400 EUCLID AVE.  
NAPLES, FL 34110

FEI Number: 59-2611546

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LUCARELLI, ANGELO  
400 EUCLID AVE.  
NAPLES, FL 33963 US

## Name and Address of New Registered Agent:

LUCARELLI, ANGELO  
400 EUCLID AVE.  
NAPLES, FL 34110 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: \_\_\_\_\_

05/03/2007

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LUCARELLI, ANGELO,  
Address: 400 EUCLID AVE.  
City-St-Zip: NAPLES, FL

Title: STV ( ) Delete  
Name: LUCARELLI, GAIL,  
Address: 400 EUCLID AVE.  
City-St-Zip: NAPLES, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LUCARELLI, ANGELO,  
Address: 400 EUCLID AVE.  
City-St-Zip: NAPLES, FL 34110

Title: STV (X) Change ( ) Addition  
Name: LUCARELLI, GAIL,  
Address: 400 EUCLID AVE.  
City-St-Zip: NAPLES, FL 34110

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: GAIL LUCARELLI

STV

05/03/2007

Electronic Signature of Signing Officer or Director

Date