

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K41743

Entity Name: LOSCALZO, CORP.

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

% MARIA ESTER LOSCALZO  
8050 NW 90 ST  
MEDLEY, FL 331662114 US

## New Principal Place of Business:

## Current Mailing Address:

% MARIA ESTER LOSCALZO  
8050 NW 90 ST  
MEDLEY, FL 331662114 US

## New Mailing Address:

FEI Number: 65-0081676

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOSCALZO, MARIA  
8440 NW 182ND STREET  
HIALEAH, FL 33015 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: V ( ) Delete  
Name: GALVAN, GUILLERMO  
Address: 8440 NW 182ND STREET  
City-St-Zip: HIALEAH, FL 33015

Title: P ( ) Delete  
Name: LOSCALZO, MARIA  
Address: 8440 NW 182ND STREET  
City-St-Zip: HIALEAH, FL 33015

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GUILLERMO GALVAN

V

04/30/2009

Electronic Signature of Signing Officer or Director

Date