

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K88168

Entity Name: EL PUNTO MOBIL HOMES, INC.

FILED
May 01, 2007
Secretary of State

Current Principal Place of Business:

3405 N OBT
ORLANDO, FL 32804 US

New Principal Place of Business:

Current Mailing Address:

831 MYSTIC OAK PLACE
APOPKA, FL 32712 US

New Mailing Address:

FEI Number: 59-3115786 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CICCARELLO, SALVATORE
831 MYSTIC OAK PLACE
ORLANDO, FL 32804 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

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: D () Delete
Name: CICCARELLO, SALVATOR, E
Address: 831 MYSTIC OAK PLACE
City-St-Zip: APOPKA, FL 32712

Title: D () Delete
Name: CICCARELLO, BRENDA L
Address: 831 MYSTIV OAK PLACE
City-St-Zip: APOPKA, FL 32716

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: SAL CICCARELLO

D

05/01/2007

Electronic Signature of Signing Officer or Director

_____ Date