

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K88168

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** EL PUNTO MOBIL HOMES, INC.

**Current Principal Place of Business:**

3405 N OBT  
ORLANDO, FL 32804 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 916302  
LONGWOOD, FL 32791 US

**New Mailing Address:**

**FEI Number:** 59-3115786

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CICCARELLO II, SALVATORE  
2305 PARK VILLAGE PLACE  
APOPKA, FL 32712 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:** D  
**Name:** CICCARELLO II, SALVATORE  
**Address:** 2305 PARK VILAGE PLACE  
**City-St-Zip:** APOPKA, FL 32712

**Title:** S  
**Name:** MONEY, ADAM  
**Address:** 924 WESSON DR  
**City-St-Zip:** CASSELBERRY, FL 32707

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:** SALVATORE CICCARELLO II

MR

04/19/2011

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

\_\_\_\_\_  
Date