

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L66380

Entity Name: FLAMINGO MIO, INC.

FILED
Apr 21, 2007
Secretary of State

Current Principal Place of Business:

C/O MARIA ANNA BARTOLOTTA
3150 S BABCOCK STREET J
MELBOURNE, FL 32901 US

New Principal Place of Business:

Current Mailing Address:

1351 TAMANGO DR
MELBOURNE, FL 32904

New Mailing Address:

FEI Number: 65-0195348

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARTOLOTTA, MARIA ANNA
1351 TAMANGO DR
MELBOURNE, FL 32904 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: DP () Delete
Name: BARTOLOTTA, MARIA AN, NA
Address: 1351 TAMANGO DR.
City-St-Zip: MELBOURNE, FL 32904

Title: V () Delete
Name: BARTOLOTTA, FRANK,
Address: 1351 TAMANGO DR.
City-St-Zip: MELBOURNE, FL 32904

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 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: MARIA ANNA BARTOLOTTA

PRES

04/21/2007

Electronic Signature of Signing Officer or Director

_____ Date