

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L81099

FILED
Mar 07, 2009
Secretary of State

Entity Name: COMO TECHNOLOGIES, INC.

Current Principal Place of Business:

7232 ANTIGUA PLACE
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

7232 ANTIGUA PLACE
SARASOTA, FL 34231

New Mailing Address:

FEI Number: 65-0203294 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELIA, FREDERICK J PRES
7232 ANTIGUA PLACE
SARASOTA, FL 34231 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: PTS () Delete
Name: ELIA, FREDERICK J
Address: 7232 ANTIGUA PL
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: MAZZENGA, GIACINTO
Address: RRD3 BOX 3349
City-St-Zip: HONESDALE, PA 18431

Title: D () Delete
Name: CAINE, M L III
Address: 18 INWOOD RD
City-St-Zip: WOODBURY, CT 06798

Title: D () Delete
Name: ELIA, MARTIN P
Address: 1118 MARBLE ARCH CT
City-St-Zip: CHAPIN, SC 29036

Title: D () Delete
Name: MAZZENGA, GERARDO
Address: VILLA COMO
City-St-Zip: LAKE COMO, PA 18437

Title: D () Delete
Name: MARINI, ANTHONY
Address: 8B PEMBERWICK RD
City-St-Zip: GREENWICH, CT 06830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: FREDERICK J. ELIA

PRES

03/07/2009

Electronic Signature of Signing Officer or Director

_____ Date