2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000030646

Name:

Address

City-St-Zip:

SILIATO, KELLY

4549 SW DARLINGTON ST

PORT ST LUCIE, FL 34953

FILED Apr 28, 2009 Secretary of State

Entity Nai	me: COUTUR	E ENTERPRISES, IN	IC.			-	
Current Principal Place of Business:				New Principal Place of Business:			
1272 NW I STUART,	FEDERAL HW FL 34994	Υ					
Current Mailing Address:				New Mailing Address:			
1272 NW I STUART,	FEDERAL HW FL 34994	Υ					
FEI Number:	: 65-0993054	FEI Number Applied F	or() FEIN	umber Not Appl	icable ()	Certificate of Status Desire	d (X)
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
PORT ST The above	DARLINGTON LUCIE, FL 349 named entity s	953 US	t for the purpose	of changing i	ts registered	d office or registered agent,	or both,
in the State	e of Florida.						
SIGNATU		. 6: 1					
		ic Signature of Regis	-			Date	
Election Car	npaign Financing	g Trust Fund Contributio	n ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () SILIATO, KELL 4549 SW DARL FORT PIERCE,	INGTON ST		Title: Name: Address: City-St-Zip:	SILIATO, KE 4549 SW DA	(X) Change () Addition CLLY ARLINGTON ST ICIE, FL 34953	
Title: Name: Address: City-St-Zip:	SILIATO, STEV 4549 SW DARL	INGTON ST		Title: Name: Address: City-St-Zip:	SILIATO JR, 4549 SW DA	(X) Change () Addition STEVE ARLINGTON ST ICIE, FL 34953	
Title [.]	т ()	Delete		Title [.]	S	(X) Change () Addition	

Title: () Delete Title: T () Change (X) Addition Name: COLASANTO, KATHLEEN Address: Address: Address: Gity-St-Zip: City-St-Zip: PALM CITY, FL 34990

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.

Name:

Address:

City-St-Zip:

SILIATO, KELLY 4549 SW DARLINGTON ST

PORT ST LUCIE, FL 34953

SIGNATURE: KELLY SILIATO P 04/28/2009