

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 23, 2007 08:**  
**Secretary of S**

DOCUMENT # P00000060156

1. Entity Name  
TUFANO, INC.



Principal Place of Business

5602 SW 1 COURT  
PLANTATION, FL 33317

Mailing Address

5602 SW 1 COURT  
PLANTATION, FL 33317



02092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1025729

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TUFANO, JOSEPH L  
5602 SW 1 CT.  
PLANTATION, FL 33317

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
TUFANO, JOSEPH  
5602 SW 1 CT.  
PLANTATION, FL 33317

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
TUFANO, KIM  
5602 SW 1 CT.  
PLANTATION, FL 33317

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

U000000676153  
03/30/07-80047-014 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-07 954316-2598

Date

Daytime Phone #