

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000061687

1. Entity Name
ESTILONET, INC.



Principal Place of Business
**9830 SW 125TH AVE.
MIAMI, FL 33186**

Mailing Address
**9830 SW 125TH AVE.
MIAMI, FL 33186**



01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1020200

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CAMPELLO, UGO
12186 S.W. 128TH STREET
MIAMI, FL 33186**

**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 _____ (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

**U000000623484
02/13/07-80067-020 150.00**

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	CAMPELLO, UGO
STREET ADDRESS	9830 S.W. 125TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	DVPS
NAME	CAMPELLO, VALERIA
STREET ADDRESS	9830 SW 125 AVE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	DVP
NAME	NINO, JOSE A
STREET ADDRESS	1335 SW 117 LANE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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:

Ugo Campello

VALERIA CAMPELLO

1/31/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #