2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 01, 2007 08:00 AM Secretary of State

1. Entity Nam TONY ES	POSITO, INC.				Secretary of State
Principal Place 418 55TH AV ST, PETE BE		Mailing Address 418 55TH AVE. ST. PETE BEACH, FL 33706			
DO NOT WRITE IN THIS SPAC 6. Name and Address of Current Registered Agent			CE	01292007 No Chg-P CR2E034 (11/05) 4. FEI Number	
PAUL, ROSELLA R CPA 4016 HENDERSON BLVD STE N SUITE 1111 TAMPA, FL 33629			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, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
				.00 May Be led to Fees	
10.	OFFICERS AND DI	RECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESPOSITO, TONY 418 55TH AVENUE ST. PETE BEACH, FL 33706				U00000614866 02/06/07-80048-022 150.0
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP				IN.	THIS SPACE
TITLE NAME STREET AODRESS CITY-ST-ZIP				·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
	certify that the information supplied with the dominist report or supplemental report is transcription or the receiver of suspenses.	is filling does not qualify for the ex ue and accurate and that my signs ared to execute this report as requ	emptions contained	d in Chapter 119 same legal effer 7, Florida Statute	Florida Statutes, I further certify that the information of as if made under oath, that I am an officer or director as; and that my name appears in Block 10 or Block 11 if