


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90021 047 \*\*\*150.00

<b>DOCUMENT # P03000010044</b>			
1. Entity Name <b>SANTO-STEFANO, INC.</b>			
Principal Place of Business <b>625 LUCERNE AVENUE SECOND FLOOR LAKE WORTH FL 33460</b>		Mailing Address <b>625 LUCERNE AVENUE SECOND FLOOR LAKE WORTH FL 33460</b>	
2. Principal Place of Business <b>POST OFFICE BOX 692</b>		3. Mailing Address <b>POST OFFICE BOX 692</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>LAKE WORTH, FLORIDA</b>		City & State <b>LAKE WORTH, FLORIDA</b>	
Zip <b>33460</b>	Country <b>USA</b>	Zip <b>33460</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent  <b>GINNS, STEVEN 370 W CAMINO GARDENS BLVD STE 300 BOCA RATON FL 33432</b>		7. Name and Address of New Registered Agent Name <b>JOSEPH V. PULEO.</b> Street Address (P.O. Box Number is Not Acceptable) <b>120 NORTH M STREET, UNIT H</b> City <b>LAKE WORTH</b> <b>FL</b> <b>33460</b>	
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 <u><i>Joseph V. Puleo</i></u> DATE <u>2/16/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HARPER, ELIZABETH A 625 LUCERNE AVENUE, SECOND FLOOR LAKE WORTH FL 33460</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/P/T/S JOSEPH V. PULEO 120 North M Street, UNIT H Lake Worth, Florida 33460</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PULEO, MELISSA 625 LUCERNE AVENUE, SECOND FLOOR LAKE WORTH FL 33460</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

*Joseph V. Puleo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/06

Date

(561) 635-8394

Daytime Phone #