

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000093107

Entity Name: CSL OF AMERICA INC.

FILED
Jan 14, 2009
Secretary of State

Current Principal Place of Business:

1900 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

1900 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32805

New Mailing Address:

FEI Number: 05-0582830

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PICCOLI, MARIZA
7504 CHAPELHILL DR
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

PICCOLI, MARIZA
12815,GROVE HURST AV
WINTER GARDEM, FL 34787 US

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.

SIGNATURE:

01/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: PICCOLI, MAURICIO A
Address: 6526 LAKE GLORIA SHORES
City-St-Zip: ORLANDO, FL 32809

Title: P () Delete
Name: LEIRIAS, CESAR
Address: 1640 SACKOTT CIRCLE
City-St-Zip: ORLANDO, FL 32818

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PICCOLI, MAURICIO A
Address: 6526 LAKE GLORIA SHORES
City-St-Zip: ORLANDO, FL 32809

Title: V (X) Change () Addition
Name: LEIRIAS, CESAR
Address: 1640,SACKETT CIRCLE
City-St-Zip: ORLANDO, FL 32818

Title: P () Change (X) Addition
Name: PICCOLI, MARIZA
Address: 12815,GROVE HURST AV
City-St-Zip: WINTER GARDEN, FL 34787

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.

SIGNATURE: MARIZA PICCOLI

P

01/14/2009

Electronic Signature of Signing Officer or Director

Date