

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000106849

Entity Name: CA'FIERO, INC.

FILED  
Mar 05, 2009  
Secretary of State

**Current Principal Place of Business:**

2350 MONT CLAIRE DR  
202  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

11216 TAMIAMI TRAIL NORTH BOX 209  
NAPLES, FL 34110

**New Mailing Address:**

FEI Number: 06-1615625

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CA'FIERO, TARYN  
2350 MONT CLAIRE DR.  
202  
NAPLES, FL 34109 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CA'FIERO, TARYN  
Address: 11216 TAMIAMI TRAIL NORTH BOX 209  
City-St-Zip: NAPLES, FL 34110

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: TARYN CA'FIERO

PD

03/05/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date