

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000128410

1. Entity Name  
ASTUTO ENTERPRISES, INC.



Principal Place of Business  
APT F205 4360 CHATHAM DR  
LONGBOAT KEY, FL 34228

Mailing Address  
APT F205 4360 CHATHAM DR  
LONGBOAT KEY, FL 34228



02242005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
56-2412283

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

ASTUTO, LUIGI  
APT F205 4360 CHATHAM DR  
LONGBOAT KEY, FL 34228

**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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000256108  
03/08/05-80044-022 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
ASTUTO, LUIGI  
APT F205 4360 CHATHAM DR  
LONGBOAT KEY, FL 34228

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DS  
ASTUTO, CARMINE  
1170 BOGEY LN  
LONGBOAT KEY, FL 34228

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DT  
GIORDANO, RITA M  
501 JUANANASCO DR  
LONGBOAT KEY, FL 34228

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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 exemption stated in Section 119.07(3)(f), 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-05

Date

Daytime Phone #