

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000128410

FILED  
Feb 05, 2009  
Secretary of State

Entity Name: ASTUTO ENTERPRISES, INC.

## Current Principal Place of Business:

APT F205 4360 CHATHAM DR  
LONGBOAT KEY, FL 34228

## New Principal Place of Business:

## Current Mailing Address:

APT F205 4360 CHATHAM DR  
LONGBOAT KEY, FL 34228

## New Mailing Address:

FEI Number: 56-2412283

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

ASTUTO, MARIA  
APT F205 4360 CHATHAM DR  
LONGBOAT KEY, FL 34228 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: MARIA ASTUTO

02/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: ASTUTO, MARIA  
Address: 4360 CHATHEM DR. APT F 205  
City-St-Zip: LONGBOAT KEY, FL 34228

Title: DS ( ) Delete  
Name: ASTUTO, CARMINE  
Address: 1170 BOGEY LN  
City-St-Zip: LONGBOAT KEY, FL 34228

Title: DT ( ) Delete  
Name: GIORDANO, RITA M  
Address: 501 JUANANASCO DR  
City-St-Zip: LONGBOAT KEY, FL 34228

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MARIA ASTUTO

D P

02/05/2009

Electronic Signature of Signing Officer or Director

Date