## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000129017

Entity Name: PASQUALE MAIMONE, INC.

FILED Jan 06, 2007 Secretary of State

Current Principal Place of Business:  4117 SW 6TH PL CAPE CORAL, FL 33914  Current Mailing Address:  New Mailing Address:  Name and Address of Current Registered Agent:  Name and Address of New Registered Agent:  Name: Address:  Name: Nam						
Current Mailing Address:  New Mailing Address:  4117 SW 6TH PL CAPE CORAL, FL 33914  FEI Number: 56-2410323 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  Name and Address of Current Registered Agent:  Name and Address of New Registered Agent:  MAIMONE, PASQUALE 4117 SW 6TH PL CAPE CORAL, FL 33914 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bin the State of Florida.  SIGNATURE:    Electronic Signature of Registered Agent   Date    Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTIBLE ( ) Change ( ) Addition Name: MAIMONE, PASQUALE Address: Address: Address: City-St-Zip: CAPE CORAL, FL 33914 City-St-Zip: Title: D ( ) Delete Name: MAIMONE, PASQUALE Address: City-St-Zip: CAPE CORAL, FL 33914 City-St-Zip: Title: D ( ) Delete Title: ( ) Change ( ) Addition Name: Address: Address: City-St-Zip: CAPE CORAL, FL 33914 City-St-Zip: Title: D ( ) Delete Title: ( ) Change ( ) Addition Name: Address: Address: Address: City-St-Zip: CAPE CORAL, FL 33914 City-St-Zip: Title: D ( ) Delete Title: ( ) Change ( ) Addition Name: Address: Address: Address: 3413 SW 25TH PLACE Address: 3413 SW 25TH PLACE Address: 3413 SW 25TH PLACE	Current Principal Place of Business:			New Principal Place of Business:		
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	Name: Address:	TESTA, JUSTIN 3413 SW 25TH	I PLACE	Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: PASQUALE MAIMONE D 01/06/2007