

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000137785

FILED
Mar 06, 2007
Secretary of State

Entity Name: STEFAORNE CORP.

Current Principal Place of Business:

C/O SOFIA POWELL-COSIO
1900 S. W. 3RD AVENUE
MIAMI, FL 33129

New Principal Place of Business:

Current Mailing Address:

C/O SOFIA POWELL-COSIO
1900 S. W. 3RD AVENUE
MIAMI, FL 33129

New Mailing Address:

FEI Number: 20-1731663 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

POWELL-COSIO, SOFIA
1900 S. W. 3RD AVENUE
MIAMI, FL 33129 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: FERREIRO DE SAITTA, MYRIAM E
Address: 1900 S. W. 3RD AVENUE
City-St-Zip: MIAMI, FL 33129

Title: SD () Delete
Name: SAITTA, JORGE
Address: 1900 S. W. 3RD AVENUE
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: MYRIAM FERREIRO DE SAITTA

PD

03/06/2007

Electronic Signature of Signing Officer or Director

_____ Date