2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# P05000079480

Entity Name: FARFALLINA MARKETING COMMUNICATIONS, INC.

Current Principal Place of Business:

10414 BOBCAT DRIVE
NEW PORT RICHEY, FL 34654

New Principal Place of Business:

Current Mailing Address:

10414 BOBCAT DRIVE
NEW PORT RICHEY, FL 34654

New Mailing Address:

FEI Number: 20-2963429 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARCIA, RAUL E JR.
9200 S. DADELAND BLVD.
SUITE 316
MIAMI, FL 33156 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: P ( ) Delete
Name: FRAIEGARI, PRISCILLA
Address: 10414 BOBCAT DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: VP ( ) Delete
Name: FRAIEGARI, DANTE
Address: 5219 MILLER BAYOU DR.
City-St-Zip: NEW PORT RICHEY, FL 34688 US

Title: T ( ) Delete
Name: ALAVA, HENRY
Address: 15610 WALDEN AVE.
City-St-Zip: TAMPA, FL 33618 US

Title: S ( ) Delete
Name: ADLER, SABRINA
Address: 4914 TIGER TAIL
City-St-Zip: NEW PORT RICHEY, FL 34653 US

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:

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: PRISCILLA FRAIEGARI P 02/25/2009

Electronic Signature of Signing Officer or Director — Date