

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000103180

FILED  
Apr 26, 2009  
Secretary of State

Entity Name: C SVOLTO ENTERPRISES INC.

## Current Principal Place of Business:

3550 WASHINGTON ST APT 408  
HOLLYWOOD, FL 33021

## New Principal Place of Business:

2441 CLEVELAND ST 2ND FLOOR  
APT B  
HOLLYWOOD, FL 33020

## Current Mailing Address:

3550 WASHINGTON ST APT 408  
HOLLYWOOD, FL 33021

## New Mailing Address:

2441 CLEVELAND ST 2ND FLOOR  
APT B  
HOLLYWOOD, FL 33020

FEI Number: 20-3256971

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SVOLTO, CLIFFORD E  
3550 WASHINGTON ST APT 408  
HOLLYWOOD, FL, FL 33021 US

## Name and Address of New Registered Agent:

SVOLTO, CLIFFORD E  
2441 CLEVELAND ST 2ND FLOOR  
APT B  
HOLLYWOOD, FL 33020 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:

04/26/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: SVOLTO, ANGELICA M  
Address: 3550 WASHINGTON ST #408  
City-St-Zip: HOLLYWOOD, FL 33021

Title: P (X) Delete  
Name: SVOLTO, CLIFFORD  
Address: 3550 WASHINGTON ST UNIT 408  
City-St-Zip: HOLLYWOOD, FL 33021

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: SVOLTO, ANGELICA M  
Address: 2441 CLEVELAND ST 2ND FLOOR  
City-St-Zip: HOLLYWOOD, FL 33020

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: CLIFFORD SVOLTO

MR.

04/26/2009

Electronic Signature of Signing Officer or Director

Date