

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000153152

FILED
Jan 25, 2007
Secretary of State

Entity Name: CHIUMANO PROPERTIES, INC.,

Current Principal Place of Business:

1861 NORTH POWERLINE ROAD
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

1861 NORTH POWERLINE ROAD
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIGLIACCIO, JOHN
1861 NORTH POWERLINE ROAD
POMPANO BEACH, FL 33069 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: MIGLIACCIO, JOHN
Address: 951 CYPRESS DRIVE
City-St-Zip: DELRAY BEACH, FL 33483

Title: VP () Delete
Name: CASTAGNA, MICHAEL
Address: 4341 NW 110TH COURT
City-St-Zip: CORAL SPRINGS, FL 33065

Title: SEC () Delete
Name: CASTAGNA, MARIA A
Address: 4341 NW 110TH COURT
City-St-Zip: CORAL SPRINGS, FL 33065

Title: TREA () Delete
Name: MIGLIACCIO, CARMELA
Address: 951 CYPRESS DRIVE
City-St-Zip: DELRAY BEACH, FL 33483

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 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 CASTAGNA

SC

01/25/2007

Electronic Signature of Signing Officer or Director

Date