

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90047 024 \*\*\*150.00

**DOCUMENT # P06000001312**

1. Entity Name  
**S.LLANIO BUSINESS SERVICE INC**



Principal Place of Business  
**1325 SE 47TH ST  
ROOM H  
CAPE CORAL, FL 33904**

Mailing Address  
**1325 SE 47TH ST  
ROOM H  
CAPE CORAL, FL 33904**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04122007 Chg-P CR2E034 (12/06)

4. FEI Number **20-4045227** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LLANIO, SERVANDO  
1447 WINDSOR CT  
CAPE CORAL, FL 33904**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **LLANIO, SERVANDO**  
STREET ADDRESS **1447 WINDSOR CT**  
CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE **TR** ☐ Delete  
NAME **LLANIO, ROSA**  
STREET ADDRESS **1447 WINDSOR CT**  
CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE **SEC** ☐ Delete  
NAME **MEJIA, INGRID Y**  
STREET ADDRESS **4911 YORK ST APT 5**  
CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **SEC**  
STREET ADDRESS **MEJIA INGRID Y**  
CITY-ST-ZIP **231 NICHOLAS PKWYE  
CAPE CORAL FL 33990**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/12/07 (239) 542-9104**  
Date Daytime Phone #