

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

90000



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

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

04122007 Chg-P CR2E034 (12/06)

City & State City & State

Zip Country Zip Country

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	<input type="checkbox"/> Delete
NAME	LLANIO, SERVANDO	
STREET ADDRESS	1447 WINDSOR CT	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	TR	<input type="checkbox"/> Delete
NAME	LLANIO, ROSA	
STREET ADDRESS	1447 WINDSOR CT	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	MEJIA, INGRID Y	
STREET ADDRESS	4911 YORK ST APT 5	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEJIA INGRID Y	
STREET ADDRESS	231 NICHOLAS PKWYE	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ **4/12/07** **(239) 542-9104**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #