

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90005 033 ***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**

40099900



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

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

05062008 Chg-P CR2E034 (12/06)

City & State City & State

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

Zip Country Zip Country

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
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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 checked="" type="checkbox"/> Delete |
| NAME | MEJIA, INGRID Y | |
| STREET ADDRESS | 231 NICHOLAS PKWY E | |
| CITY-ST-ZIP | CAPE CORAL, FL 33990 | |
| 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 | | <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: _____ **5/6/08** (239) 542-9104
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #