

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000062053

FILED
May 09, 2009
Secretary of State

Entity Name: ROBERT DISTEFANO, INC.

Current Principal Place of Business:

411 NW 215TH AVE.
PEMBROKE PINES, FL 33029 US

New Principal Place of Business:

Current Mailing Address:

411 NW 215TH AVE.
PEMBROKE PINES, FL 33029 US

New Mailing Address:

FEI Number: 03-0590081 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DISTEFANO, ROBERT
411 NW 215TH AVE.
PEMBROKE PINES, FL 33029 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: DISTEFANO, ROBERT
Address: 411 NW 215TH AVE.
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: VP/D () Delete
Name: DISTEFANO, MARY LOU
Address: 411 NW 215TH AVE.
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: S/D () Delete
Name: DISTEFANO, ANTHONY
Address: 2391 NW 96TH TERRACE, APT. 19J
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: T () Delete
Name: DISTEFANO, VALERIE
Address: 411 NW 215TH AVE.
City-St-Zip: PEMBROKE PINES, FL 33029 US

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 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: ROBERT DISTEFANO

PRES

05/09/2009

Electronic Signature of Signing Officer or Director

_____ Date