

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000062053

Entity Name: ROBERT DISTEFANO, INC.

FILED  
Apr 10, 2010  
Secretary of State

**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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ROBERT A. DISTEFANO

PRES

04/10/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date