

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000074158

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: FERRAO, INC.

**Current Principal Place of Business:**

3787 WINKLER AVE EXT  
#337  
FORT MYERS, FL 33916

**New Principal Place of Business:**

**Current Mailing Address:**

3787 WINKLER AVE EXT  
#337  
FORT MYERS, FL 33916

**New Mailing Address:**

FEI Number: 20-4958144      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FERRAO, ALYSSON  
3787 WINKLER AVE EXT  
#337  
FORT MYERS, FL 33916 US

**Name and Address of New Registered Agent:**

FERRAO, ALYSSON C  
3787 WINKLER AVE EXT  
#337  
FORT MYERS, FL 33916 US

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: ALYSSON C FERRAO      04/13/2009  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title:      PTS      ( ) Delete  
Name:      FERRAO, ALYSSON  
Address:      3787 WINKLER AVE EXT #337  
City-St-Zip:      FORT MYERS, FL 33916

Title:      PTS      ( ) Delete  
Name:      DA SILVA, PAULA C  
Address:      3787 WINKLER AVE EXT #337  
City-St-Zip:      FORT MYERS, FL 33916

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      PTS      (X) Change ( ) Addition  
Name:      FERRAO, ALYSSON C  
Address:      3787 WINKLER AVE EXT #337  
City-St-Zip:      FORT MYERS, FL 33916

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: ALYSSON C FERRAO      PTS      04/13/2009  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date