

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000149828

FILED
Jun 22, 2009
Secretary of State

Entity Name: SHOWROOM PROMOTIONS ENTERPRISES INC

Current Principal Place of Business:

420 EVANS AVE
INTERLACHEN, FL 32148 US

New Principal Place of Business:

Current Mailing Address:

420 EVANS AVE
INTERLACHEN, FL 32148 US

New Mailing Address:

FEI Number: 77-0666511

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MISCHITELLI, MICHAEL P
420 EVANS AVE
INTERLACHEN, FL 32148 US

Name and Address of New Registered Agent:

MISCHITELLI, MICHAEL T
420 EVANS AVE
INTERLACHEN, FL 32148 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: MICVHAEL MISCHITELLI

06/22/2009

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: T () Delete
Name: MISCHITELLI, MICHAEL P
Address: 157 LAGOON DRIVE
City-St-Zip: FORT MYERS, FL 33905 US

Title: P () Delete
Name: MOLTEDO, ROBERT
Address: 8047 126TH LANE
City-St-Zip: SEBASTIAN, FL

Title: V () Delete
Name: MOSS, SEAN
Address: 3226 ELIZABETH STREET
City-St-Zip: MIAMI, FL

Title: S () Delete
Name: CURL, SANDRA
Address: 157 LAGOON DRIVE
City-St-Zip: FT. MYERS, FL

Title: CON () Delete
Name: MISCHITELLI, VINCENT
Address: 5318 S.W. 16TH PLACE
City-St-Zip: CAPE CORAL, FL

Title: MKD () Delete
Name: PHAYRE, JOHN
Address: 4434 GALAWAY DR.
City-St-Zip: SARASOTA, FL

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:

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: MICHAEL MISCHITELLI

T

06/22/2009

Electronic Signature of Signing Officer or Director

Date