

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000155670

Entity Name: SILVANA CHIAPPE, P.A.

FILED
Apr 17, 2009
Secretary of State

Current Principal Place of Business:

3700 MAX PLACE
204
BOYNTON BEACH, FL 33436 FL

Current Mailing Address:

3700 MAX PLACE
204
BOYNTON BEACH, FL 33436 FL

New Principal Place of Business:

6283 LA COSTA DR.
APT # K
BOCA RATON, FL 33433 FL

New Mailing Address:

6283 LA COSTA DR.
APT # K
BOCA RATON, FL 33433 FL

FEI Number: 20-8090432

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIAPPE, SILVANA
3700 MAX PLACE
204
BOYNTON BEACH, FL 33436 US

Name and Address of New Registered Agent:

CHIAPPE, SILVANA
6283 LA COSTA DR.
APT K
BOCA RATON, FL 33433 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: SILVANA CHIAPPE

04/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CHIAPPE, SILVANA
Address: 3700 MAX PLACE, APT # 204
City-St-Zip: BOYNTON, FL 33436 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CHIAPPE, SILVANA
Address: 6283 LA COSTA DR, APT # K
City-St-Zip: BOCA RATON, FL 33433 US

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: SILVANA CHIAPPE

P

04/17/2009

Electronic Signature of Signing Officer or Director

Date