May 13 08 07:55p Morningstar Kitchens

FILED
May 16, 2008 8:00 am
Secretary of State
04-16-2008 90015 018 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000064856

1. Entity Name
J C CARVALLO INC

Principal Place of Business	Mailing Address
1776 DAGON RD VENICE, FL 34293	1778 DAGON RD VENICE, FL 34293

66010722

04032008 Chg-P CR2E034 (12/06)

2. Principal Place of Business No P.O. Box #	3. Mailing Address
22096 Bronxville Dr.	22096 Bronxville Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port Charlotte FL	City & State: Port Charlotte, FL
Zip: 33952 Country	Zip: 33952 Country: U.SA

4. FEI Number: 14-2000291 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

L J ENTERPRISES OF WEST FLORIDA INC
440 US 41 BYPASS N
VENICE, FL 34292

7. Name and Address of New Registered Agent

Name: Julio C. Carvallo
Street Address (P.O. Box Number is Not Acceptable): 22096 Bronxville AV
City: Port Charlotte, FL. FL Zip Code: 33952.

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Julio C Carvallo Julio. C. Carvallo. 4-2-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARVALLO, JULIO C 22096 Bronxville Dr ~~1778 DAGON RD~~ Port Charlotte, FL ~~VENICE, FL 34293~~ 33952	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Julio C Carvallo Julio-C-Carvallo 4-2-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #