

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000083067

Entity Name: DELEPIANI INC.

FILED
Mar 26, 2009
Secretary of State

Current Principal Place of Business:

814 SW SALTONSTALL TERRACE
PORT ST. LUCIE, FL 34593

New Principal Place of Business:

Current Mailing Address:

814 SW SALTONSTALL TERRACE
PORT ST. LUCIE, FL 34593

New Mailing Address:

FEI Number: 26-0626016

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELEPIANI, GABRIELA
814 SW SALTONSTALL TERRACE
PORT ST. LUCIE, FL 34593 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: PD () Delete
Name: DELEPIANI, GABRIELA
Address: 814 SW SALTONSTALL TERRACE
City-St-Zip: PORT ST. LUCIE, FL 34593

Title: D () Delete
Name: DELEPIANI, CARLOS
Address: 814 SW SALTONSTALL TERRACE
City-St-Zip: PORT ST. LUCIE, FL 34593

Title: TD () Delete
Name: DELEPIANI, VRSULA
Address: 814 SW SALTONSTALL TERRACE
City-St-Zip: PORT ST. LUCIE, FL 34593

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: DELEPIANI, URSULA
Address: 814 SW SALTONSTALL TERRACE
City-St-Zip: PORT ST. LUCIE, FL 34593

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: GABRIELA DELEPIANI

PD

03/26/2009

Electronic Signature of Signing Officer or Director

Date