## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000106123

**Entity Name: CERRADO CORPORATION** 

GUERRERO SAENZ, JOSUE

1931 CASTLE BAY CT

OLDSMAR, FL 34677

Name:

Address: City-St-Zip:

FILED Jun 15, 2<u>00</u>9 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1931 CASTLE BAY CT OLDSMAR, FL 34677 **Current Mailing Address: New Mailing Address:** 1931 CASTLE BAY CT OLDSMAR, FL 34677 FEI Number: 26-1139947 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TAX HOUSE CORPORATION 1100 S FEDERAL HWY SECOND FLOOR DEERFIELD BCH, FL 33441 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: 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition DA SILVA FILHO, ANTONIO CARLOS Name: Name: 1931 CASTLE BAY CT Address: Address: City-St-Zip: OLDSMAR, FL 34677 City-St-Zip: Title: VPD Title: (X) Change ( ) Addition () Delete Name: NOYOLA, LALO SALINAS Name: GUERRERO SAENZ, JOSUE 1931 CASTLE BAY CT 1931 CASTLE BAY CT Address: Address: OLDSMAR, FL 34677 OLDSMAR, FL 34677 City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ANTONIO CARLOS DA SILVA FILHO PD 06/15/2009