

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000011991

Entity Name: NORMELIA AMARANTE, INC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

6880 SHADOWCAST LN
LAKELAND, FL 33813 US

New Principal Place of Business:

Current Mailing Address:

6880 SHADOWCAST LN
LAKELAND, FL 33813 US

New Mailing Address:

FEI Number: 26-1863579

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMARANTE, NORMELIA
6880 SHADOWCAST LN
LAKELAND, FL 33813 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: P () Delete
Name: AMARANTE, NORMELIA
Address: 6880 SHADOWCAST LN
City-St-Zip: LAKELAND, FL 33813 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P () Change (X) Addition
Name: OMAN, LEANN DANIELA
Address: 2698 HICKORY RIDGE DRIVE
City-St-Zip: LAKELAND, FL 33813

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: NORMELIA DO AMARANTE

P

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date