

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000043153

Entity Name: CAVALETTI FLOORING CONTRACTOR INC

FILED  
Jan 16, 2009  
Secretary of State

**Current Principal Place of Business:**

8639 N HIMES AVE  
3905  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

8639 N HIMES AVE  
3905  
TAMPA, FL 33614

**New Mailing Address:**

FEI Number: 26-2503593      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CAVALETTI, JULIANO  
8639 N HIMES AVE  
3905  
TAMPA, FL 33614 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: CAVALETTI, JULIANO  
Address: 8639 N HIMES AVE 3905  
City-St-Zip: TAMPA, FL 33614

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D ( ) Change (X) Addition  
Name: CAVALETTI, OSEIRES  
Address: 8639 N HIMES AVE 3905  
City-St-Zip: TAMPA, FL 33614

Title: D ( ) Change (X) Addition  
Name: COELHO, CHRISLEY  
Address: 8639 N HIMES AVE 3905  
City-St-Zip: TAMPA, FL 33614

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: JULIANO CAVALETTI

P

01/16/2009

Electronic Signature of Signing Officer or Director

Date