

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000048924

**FILED**  
**Apr 26, 2010**  
**Secretary of State**

**Entity Name:** COROMOTO LIVING TRUST, INC.

**Current Principal Place of Business:**

2111 SW 14TH TERRACE  
FT LAUDERDALE, FL 33315

**New Principal Place of Business:**

10540 NW 26TH. ST.  
SUITE # G-103  
DORAL, FL 33172

**Current Mailing Address:**

2111 SW 14TH TERRACE  
FT LAUDERDALE, FL 33315

**New Mailing Address:**

10540 NW 26TH. ST.  
SUITE # G-103  
DORAL, FL 33172

**FEI Number:** 27-1022777

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRANCISCO JOSE AGUERO, PA  
2655 LE JEUNE ROAD  
PHID  
CORAL GABLES, FL 33134 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  
Name: MALCHIODI, CLAUDIA  
Address: 10540 NW 26TH. ST. SUITE G-103  
City-St-Zip: DORAL, FL 33172 US

I hereby 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 all other like empowered.

**SIGNATURE:** MALCHIODI CLAUDIA

PD

04/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date