

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000043409

FILED  
Jan 09, 2012  
Secretary of State

**Entity Name:** TRILLO CAMILLO MANAGING CORP.

**Current Principal Place of Business:**

2355 SE SEAFURY LANE  
PORT ST LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

2355 SE SEAFURY LANE  
PORT ST LUCIE, FL 34952

**New Mailing Address:**

**FEI Number:** 27-2860449

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CATALANOTTI, FRANK  
2355 SE SEAFURY LANE  
PORT ST LUCIE, FL 34952 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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** CATALANOTTI, FRANK  
**Address:** 2355 SE SEAFURY LANE  
**City-St-Zip:** PORT ST LUCIE, FL 34952

**Title:** VP  
**Name:** CATALANOTTI, JOSEPH  
**Address:** 2355 SE SEAFURY LANE  
**City-St-Zip:** PORT ST LUCIE, FL 34952

**Title:** OF  
**Name:** VUOSO, NINETTA  
**Address:** 2355 SE SEAFURY LANE  
**City-St-Zip:** PORT ST LUCIE, FL 34952

**Title:** OF  
**Name:** LORUSSO, CATHERINA  
**Address:** 2355 SE SEAFURY LANE  
**City-St-Zip:** PORT ST LUCIE, FL 34952

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:** FRANK CATALANOTTI

PR

01/09/2012

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

\_\_\_\_\_  
Date