


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 18, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000085849		
1. Entity Name <b>STEFLO, INC.</b>		
Principal Place of Business <b>4548 N. FEDERAL HWY. FT. LAUDERDALE, FL 33308</b>	Mailing Address <b>PO BOX 871 FALL RIVER, MA 02722</b>	



07112008    No Chg-P    CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3219056</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**BISHINS, LARRY V  
4548 N. FEDERAL HWY.  
FT. LAUDERDALE, FL 33308**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$550.00  
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

U00000955594  
07/18/08-80004-005 550.00

10. OFFICERS AND DIRECTORS

TITLE	DPVS
NAME	CAPUANO, EDWARD
STREET ADDRESS	116 N. VILLAGE WAY
CITY-ST-ZIP	JUPITER, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **EDWARD CAPUANO**      7/14/08      508-679-0048

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #