

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000088554

1. Entity Name
LIVELLO FINITO, INC.



Principal Place of Business
**385 COMMERCE WAY
LONGWOOD, FL 32750**

Mailing Address
**385 COMMERCE WAY
LONGWOOD, FL 32750**



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3219904

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**DULIN, RAMSEY
201 E PINE STREET
SUITE 425
ORLANDO, FL 32801**

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IN THIS SPACE**

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 _____
Signature, handwritten name of agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------------|
| TITLE | PVPD |
| NAME | SCHIANO, BIAGIO |
| STREET ADDRESS | 872 CRESTON DR |
| CITY ST ZIP | MAITLAND, FL 32751 |
| TITLE | T |
| NAME | ROE, CELINA P |
| STREET ADDRESS | 1202 BENT OAK TRAIL |
| CITY ST ZIP | ALTAMONTE SPRINGS, FL 32714 |
| TITLE | S |
| NAME | MILLIARD, JOHN |
| STREET ADDRESS | 1467 CREEKSIDE CIRCLE |
| CITY ST ZIP | WINTER SPRINGS, FL 32708 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |

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01/24/06-80085-008 150.00

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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 607, 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Day/Date Phone # _____