

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2007 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**



01082007 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**

**DO NOT WRITE
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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000586765
01/17/07-80007-003 158.75

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	

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Biagio Schiano 1/18/07 407-8305338

Date

Daytime Phone #