


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90044 011 ***158.75

DOCUMENT # P96000092221 1. Entity Name INDEFINITO, INC.					
Principal Place of Business 385 COMMERCE WAY LONGWOOD, FL 32750			Mailing Address 385 COMMERCE WAY LONGWOOD, FL 32750		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent DULIN, RAMSEY 201 E PINE STREET STE 425 ORLANDO, FL 32801					
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE	PD <input type="checkbox"/> Delete SCHIANO, BIAGIO 872 CRESTON DR MAITLAND, FL 32751				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	T <input type="checkbox"/> Delete ROE, CELINA P 1202 BENT OAK TRAIL ALTAMONTE SPRINGS, FL 32714				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	S <input type="checkbox"/> Delete MILLIARD, JOHN 1467 CREEDSIDE CIRCLE WINTER SPRINGS, FL 32708				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	PDVP <input type="checkbox"/> Delete SCHIANO, BIAGIO 872 CRESTON DRIVE MAITLAND, FL 32751				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS	385 Commerce Way				
CITY-ST-ZIP	Longwood, FL 32750				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					

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:

Biagio Schiano

1/8/2008