# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 19, 2009**
**Secretary of State**

DOCUMENT# P97000018689

**Entity Name:** G.A. RUSSO INC.

**Current Principal Place of Business:**

8965 SE BRIDGE RD #200
HOBE SOUND, FL 33455 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1965
HOBE SOUND, FL 33475

**New Mailing Address:**

**FEI Number: 65-0732487** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

GIARRUSSO, ALEXANDER M
3852 BEGONIA ST.
PALM BEACH GARDENS, FL 33410 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete
Name: ALEXANDER GIARRUSSO,
Address: 3852 BEGONIA ST
City-St-Zip: PALM BCH GDNS, FL 33410

Title: VS ( ) Delete
Name: NILAM AHUJA,
Address: 338 SW TWIG AVE
City-St-Zip: PORT ST LUCIE, FL 34983

Title: T ( ) Delete
Name: ANTHONY GIARRUSSO,
Address: 101 BEAUMONT LANE
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VS (X) Change ( ) Addition
Name: NILAM AHUJA,
Address: 10642 SW WESTLAWN BLVD
City-St-Zip: PORT ST LUCIE, FL 34987

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NILAM AHUJA VS 02/19/2009

Electronic Signature of Signing Officer or Director Date