

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 AM**  
**Secretary of State**

STATEMENT # P97000052982



Name  
 CHISESI ENTERPRISES, INC.

Principal Place of Business  
 7117A GASPARILLA RD.  
 PORT CHARLOTTE, FL 33981

Mailing Address  
 7117A GASPARILLA RD.  
 PORT CHARLOTTE, FL 33981



01172008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0761589	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

CHISESI, STEFANO  
 7117A GASPARILLA RD.  
 PORT CHARLOTTE, FL 33981

**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

STEFANO CHISESI

1/18/08

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, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHISESI, STEFANO 7117A GASPARILLA RD. PORT CHARLOTTE, FL 33981
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHISESI, IGNAZIO 7117A GASPARILLA RD. PORT CHARLOTTE, FL 33981
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 04/02/08-80067-018 158.75

**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 reports 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:

STEFANO CHISESI

1/18/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #