

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000062862

FILED
Mar 04, 2007
Secretary of State

Entity Name: CHIARITO ENTERPRISES, INC.

Current Principal Place of Business:

PO BOX 638
ODESSA, FL 33556

New Principal Place of Business:

17518 FLORAL ESTATE DRIVE
ODESSA, FL 33556

Current Mailing Address:

PO BOX 638
ODESSA, FL 33556

New Mailing Address:

FEI Number: 59-3586736

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIARITO, CHRISTINE M
P.O. BOX 638
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

CHIARITO, CHRISTINE M
17518 FLORAL ESTATE DRIVE
ODESSA, FL 33556 US

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: CHRISTINE CHIARITO

03/04/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: CHIARITO, CHRISTINE M
Address: P.O. 638
City-St-Zip: ODESSA, FL 33556

Title: SEC. () Delete
Name: BIVONA, NANCY
Address: P.O. BOX 638
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRISTINE CHIARITO

PRES

03/04/2007

Electronic Signature of Signing Officer or Director

Date