

2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 08, 2009
Secretary of State**

DOCUMENT# S54324

Entity Name: VINNY TESTAVERDE, INC.

Current Principal Place of Business:

% GEORGE K. GUIDA
1106 N. FRANKLIN ST
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

% GEORGE K. GUIDA
1106 N. FRANKLIN ST
TAMPA, FL 33602

New Mailing Address:

FEI Number: 59-3070037 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUIDA, GEORGE K
1106 N. FRANKLIN ST
TAMPA, FL 33602 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: TESTAVERDE, VINCENT,
Address: 16700 GULF BLVD #631
City-St-Zip: N. REDINGTON BEACH, FL 33708

Title: DT () Delete
Name: TESTAVERDE, JOSEPHINE
Address: 249 HUNNEWELL AVENUE
City-St-Zip: ELMONT, NY 11003

Title: DVS () Delete
Name: TESTAVERDE, MITZI,
Address: 16700 GULF BLVD #631
City-St-Zip: N. REDINGTON BEACH, FL 33708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: TESTAVERDE, VINCENT,
Address: 17122 GUNN HIGHWAY
City-St-Zip: ODESSA, FL 33556

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

Title: DVS (X) Change () Addition
Name: TESTAVERDE, MITZI,
Address: 17122 GUNN HIGWAY
City-St-Zip: ODESSA, FL 33556

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: VINCENT TESTAVERDE

DP

01/08/2009

Electronic Signature of Signing Officer or Director

_____ Date