

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # S54978

1. Entity Name
 CESARONI ENTERPRISES, INC.



Principal Place of Business
 3015 KENNEDY RD, SUITE 101
 AGINCOURT, ONTARIO, CANADA
 M1V 1E7, XX

Mailing Address
 3015 KENNEDY RD, SUITE 101
 AGINCOURT, ONTARIO, CANADA
 M1V 1E7, XX



01022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0289988	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCMILLAN, UNRUH & DAVIS
 701 EAST COMMERCIAL BLVD
 THIRD FLOOR
 FORT LAUDERDALE, FL 33334

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 _____

(Signature of the registered agent and title if applicable)

(Signature of the filer or authorized agent)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

OFFICER OR DIRECTOR	TYPE OF OFFICER OR DIRECTOR	ADDRESS
10.1	P	CESARONI, TONY 17 SHERRICK DR GORMLEY, ONTARIO CANADA.
10.2		
10.3		
10.4		
10.5		
10.6		
10.7		
10.8		

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 01/10/07-80019-023 150.00

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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tony Cesaroni TONY CESARONI JAN 26 07 (416) 292-2225