

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S54978

FILED
Jan 07, 2009
Secretary of State

Entity Name: CESARONI ENTERPRISES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

3015 KENNEDY RD,
STE 101
TORONTO, ON M1V 1E7 CA

Current Mailing Address:

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

New Mailing Address:

3015 KENNEDY RD,
SUITE 101
TORONTO, ON M1V 1E7 CA

FEI Number: 65-0289988

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCMILLAN, UNRUH & DAVIS
701 EAST COMMERCIAL BLVD
THIRD FLOOR
FORT LAUDERDALE, FL 33334 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: P () Delete
Name: CESARONI, TONY
Address: 17 SHERRICK DR
City-St-Zip: GORMLEY, ONTARIO CANADA, CA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CESARONI, TONY
Address: 17 SHERRICK DR
City-St-Zip: GORMLEY,, ON L0H 1G0 CA

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: TONY CESARONI

P

01/07/2009

Electronic Signature of Signing Officer or Director

_____ Date