

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S97082

Entity Name: C. IAVARONE, INC.

FILED  
Mar 17, 2009  
Secretary of State

**Current Principal Place of Business:**

3617 HUMPHREY STREET  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 272068  
TAMPA, FL 336882068 US

**New Mailing Address:**

FEI Number: 59-3095823      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAWRENCE E FUENTES  
1407 W BUSCH BLVD  
SUITE 500  
TAMPA, FL 33612 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: IAVARONE, CARMINE J  
Address: 4628 WESTFORD CIRCLE  
City-St-Zip: TAMPA, FL

Title: V ( ) Delete  
Name: IAVARONE, RICO  
Address: 14510 ANCHORET ROAD  
City-St-Zip: TAMPA, FL

Title: S ( ) Delete  
Name: IAVARONE, BARBARA  
Address: 4628 WESTFORD CIRCLE  
City-St-Zip: TAMPA, FL

Title: V ( ) Delete  
Name: IAVARONE, CARMINE J. JR  
Address: 3115 SAMARA DRIVE  
City-St-Zip: TAMPA, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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 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: BARBARA IAVARONE

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03/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date