

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90017 024 ***150.00

DOCUMENT # V38665

1. Entity Name

CIAO CONSTRUCTION INVESTMENT MANAGEMENT, INC.



Principal Place of Business

532 SE SEAHOUSE DR
PORT SAINT LUCIE FL 34985

Mailing Address

P.O. BOX 9698
PORT SAINT LUCIE FL 34985



2. Principal Place of Business - No P.O. Box #

4673 Sw ulster st

Suite, Apt. #, etc.

3. Mailing Address

4673 Sw ulster st

Suite, Apt. #, etc.

1st MOORE

CH2E034 (10/06)

City & State

Port St Lucie Florida

City & State

Port St Lucie Florida

4. FEI Number

65-0356835

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASARIEGO, ORLANDO
532 SE SEAHOUSE DR
PORT SAINT LUCIE FL 34985

7. Name and Address of New Registered Agent

Name Casariego, Orlando

Street Address (P.O. Box Number is Not Acceptable)

4673 Sw ulster st

City Port St Lucie

FL

Zip Code

34953

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-24-07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME CASARIEGO, ORLANDO
STREET ADDRESS P.O. BOX 9698
CITY-STATE-ZIP PORT SAINT LUCIE FL 34985 ☐ Delete

TITLE S
NAME CASARIEGO, ILIANA
STREET ADDRESS P.O. BOX 9698
CITY-STATE-ZIP PORT SAINT LUCIE FL 34985 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P. Casariego Orlando ☒ Change ☐ Addition
NAME
STREET ADDRESS 4673 Sw ulster st
CITY-STATE-ZIP Port St Lucie FL 34953

TITLE S. Casariego, Iliana ☒ Change ☐ Addition
NAME
STREET ADDRESS 4673 Sw ulster st
CITY-STATE-ZIP Port St Lucie FL 34953

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Date

Daytime Phone #

Scordif

2-24-07 772-344 6431