

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000106699

**Entity Name:** CAMPANARELLO PROPERTIES, INC.**Current Principal Place of Business:**5930 NW 99TH AVE #4  
DORAL, FL 33178**Current Mailing Address:**5930 NW 99TH AVE #4  
DORAL, FL 33178**FEI Number:** 26-3895320**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DIAZ, OSMANIA  
5930 NW 99TH AVENUE # 4  
DORAL, FL 33178 US*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**Officer/Director Detail :**

Title	DP
Name	CIARCIA-WALO, RAFAEL
Address	5930 NW 99TH AVE #4
City-State-Zip:	DORAL FL 33178

Title	SD
Name	FUENTES, OSMANIA D
Address	5930 NW 99TH AVE #4
City-State-Zip:	DORAL FL 33178

Title	TD
Name	CIARCIA-SCIARRETTA, MARIA LUIS
Address	5930 NW 99TH AVE #4
City-State-Zip:	DORAL FL 33178

Title	VPD
Name	SCIARRETTA DE CIARCIA, ADELINA
Address	5930 NW 99TH AVE #4
City-State-Zip:	DORAL FL 33178

Title	TD
Name	CIARCIA-SCIARRETTA, CARLO
Address	5930 NW 99TH AVENUE #4
City-State-Zip:	DORAL FL 33178

*I hereby 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 all other like empowered.*

**SIGNATURE:** OSMANIA D FUENTES**SECRETARY****02/02/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date