


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # F01000001788
 1. Entity Name
AMALFI ASSOCIATES, INC.



Principal Place of Business
**12 GILFORD EAST DRIVE
 GILFORD, NH 03246**

Mailing Address
**12765 FOREST HILL BLVD
 SUITE 1302
 WELLINGTON, FL 33414**

DO NOT WRITE IN THIS SPACE



02222008 No Chg-P CR2E034 (11/05)

4. FEI Number 04-2705704	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

**MARIO G. DE MENDOZA, III, P.A.
 12765 FOREST HILL BLVD STE 1302
 WEST PALM BEACH, FL 33414**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AMALFITANO, MICHAEL L 12 GILFORD EAST DRIVE GILFORD, NH 03246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HONIG, STEPHEN M 265 FRANKLIN STREET BOSTON, MA 021103192
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MESSINA, JOSEPH 73 PARK AVENUE BLOOMFIELD, NJ 07003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/01/08-80067-003 150.00

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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: *Michael L. Amalfitano* Date: *4/15/08*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Michael L. Amalfitano, President** Daytime Phone # _____