


**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90368 033 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P02000077150**

1. Entity Name  
**PELLEGRINO, INC.**



20037968

Principal Place of Business  
**770 WASHINGTON AVE, STE 5  
 MIAMI BCH, FL 33139**

Mailing Address  
**770 WASHINGTON AVE, STE 5  
 MIAMI BCH, FL 33139**

2. Principal Place of Business  
**150 S.E. 2nd Avenue**

3. Mailing Address  
**150 S.E. 2nd Avenue**

Suite, Apt. #, etc.  
**Suite 1010**

Suite, Apt. #, etc.  
**Suite 1010**

City & State  
**Miami, Florida**

City & State  
**Miami, Florida**

Zip  
**33131**

Country  
**USA**

Zip  
**33131**

Country  
**USA**



CHECK HERE IF MAKING CHANGES

4. FEI Number  
**42-1546974**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**BOLOGNA, STEFANIA ESQ.  
 710 WASHINGTON AVE, STE 6  
 MIAMI BCH, FL 33139**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**150 S.E. 2nd Avenue, Suite 1010**  
 City  
**Miami** FL Zip Code  
**33131**

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 *Stefania Bologna* DATE 04/16/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature Required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
 After May 1, 2003 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete	NAME <b>PELLEGRINO, CARMELO</b>	TITLE D/P/T/S <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>PELLEGRINO, CARMELO</b>
STREET ADDRESS <b>255 W 24 ST</b>	CITY-ST-ZIP <b>MIAMI BCH, FL 33140</b>	STREET ADDRESS <b>255 W 24 St</b>	CITY-ST-ZIP <b>MIAMI BEACH, FLORIDA 33140</b>
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Pellegrino Carmelo* DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)