

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000137019

Entity Name: AMORE MIO RISTORANTE, CORP.

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

247 WELLS ROAD
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

247 WELLS ROAD
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 20-5997699

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARUSO, EDNA
247 WELLS ROAD
PALM BEACH, FL 33480 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: CARUSO, EDNA
Address: 247 WELLS ROAD
City-St-Zip: PALM BEACH, FL 33480

Title: VP () Delete
Name: MORRISSEY, TIMOTHY
Address: 247 WELLS ROAD
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: BIANCHETTA, GIUSEPPE
Address: 12257 SUNSET POINT CIRCLE
City-St-Zip: WELLINGTON, FL 33414

Title: ST () Delete
Name: FILIPPELLI, ANNAMARIE
Address: 12257 SUNSET POINT CIRCLE
City-St-Zip: WELLINGTON, FL 33414

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: ANNAMARIE FILIPPELLI

ST

04/29/2008

Electronic Signature of Signing Officer or Director

Date