

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22000011091

Entity Name: C.I.A.M. CASA ITALIA A MIAMI CORP.**Current Principal Place of Business:**7211 SW 149 COURT
MIAMI, FL 33193**Current Mailing Address:**7211 SW 149 COURT
MIAMI, FL 33193 US**FEI Number:** 92-0537423**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GRE.CO CONSULTING INC.
11397 SW 66TH ST.
MIAMI, FL 33173 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	D
Name	PAOLO MANGIA
Address	900 BISCAYNE BLVD. APT 2509
City-State-Zip:	MIAMI FL 33132

Title	DP
Name	AUGUSTO CAVALLINI
Address	7211 S W 149 COURT
City-State-Zip:	MIAMI FL 33193

Title	DT
Name	FRANCA TRAVERSA
Address	11397 SW 66TH ST
City-State-Zip:	MIAMI FL 33173

Title	DS
Name	SARA SCIBILIA
Address	961 SW 7 TH ST
City-State-Zip:	MIAMI FL 33130

Title	D
Name	SILVANA MORENA
Address	3737 COLLINS AVE UNIT 1704
City-State-Zip:	MIAMI BEACH FL 33140

Title	D
Name	MAGDA NOVELLI PEARSON
Address	2121 N. BAYSHORE DR. 710
City-State-Zip:	MIAMI FL 33137

Title	D
Name	GIALLANZA, FABIO
Address	17200 SW 83RD CT
City-State-Zip:	PALMETTO FL 33157

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: AUGUSTO CAVALLINI**PRESIDENT****04/18/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date