

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000019477

**FILED**  
**Apr 25, 2016**  
**Secretary of State**  
**CC7064312877**

**Entity Name:** AMOROSI CONCRETE CUTTING AND DRILLING, INC.

**Current Principal Place of Business:**

2105 SW 8TH PLACE  
CAPE CORAL, FL 33991

**Current Mailing Address:**

81 MONTGOMERY PLACE  
BELLEVILLE, NJ 07109 US

**FEI Number:** 20-4275042

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

AMOROSI, THOMAS  
2105 SW 8TH PLACE  
CAPE CORAL, FL 33991 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 P  
Name AMOROSI, THOMAS  
Address 2105 SW 8TH PLACE  
City-State-Zip: CAPE CORAL FL 33991

Title VP  
Name AMOROSI, THOMAS  
Address 2105 SW 8TH PLACE  
City-State-Zip: CAPE CORAL FL 33991

Title SEC  
Name AMOROSI, THOMAS  
Address 2105 SW 8TH PLACE  
City-State-Zip: CAPE CORAL FL 33991

Title TR  
Name AMOROSI, THOMAS  
Address 2105 SW 8TH PLACE  
City-State-Zip: CAPE CORAL FL 33991

*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:** THOMAS AMOROSI

**PRESIDENT**

**04/25/2016**

Electronic Signature of Signing Officer/Director Detail

Date