

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000041940

**FILED**  
**Jan 28, 2018**  
**Secretary of State**  
**CC9899294268**

**Entity Name:** ALL ITALIAN CONSTRUCTION INC

**Current Principal Place of Business:**

4500 BAYMEADOWS RD  
APT 224  
JACKSONVILLE, FL 32217

**Current Mailing Address:**

4500 BAYMEADOWS RD  
APT 224  
JACKSONVILLE, FL 32217

**FEI Number:** 27-2618817

**Certificate of Status Desired:** No

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

GJECAJ, JAKIN OWNER  
4500 BAYMEADOWS RD  
APT 224  
JACKSONVILLE, FL 32217 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 PSTD  
Name GJECAJ, JAKIN  
Address 4500 BAYMEADOWS RD APT 224  
City-State-Zip: JACKSONVILLE FL 32217

Title VP  
Name GJECAJ, MAJK COOWNER  
Address 4500 BAYMEADOWS RD APT 224  
City-State-Zip: JACKSONVILLE FL 32217

Title D  
Name GJECAJ, FABJAN  
Address 4500 BAYMEADOWS RD APT 224  
City-State-Zip: JACKSONVILLE FL 32217

*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:** GJECAJ , JAKIN

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01/28/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date