

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000047563

Entity Name: ALTIERI ENTERPRISES, INC.**Current Principal Place of Business:**4688 SW 183RD AVENUE
MIRAMAR, FL 33029**Current Mailing Address:**4688 SW 183RD AVENUE
MIRAMAR, FL 33029 US**FEI Number: 37-1693688****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**ALTIERI, CHELLIE
4688 SW 183RD AVENUE
MIRAMAR, FL 33029 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	ALTIERI, CHELLIE
Address	4688 SW 183RD AVENUE
City-State-Zip:	MIRAMAR FL 33029

Title	VP
Name	ALTIERI, DONALD
Address	4688 SW 183RD AVENUE
City-State-Zip:	MIRAMAR FL 33029

Title	SEC
Name	RUIZ, JENNIFER
Address	4688 SW 183RD AVENUE
City-State-Zip:	MIRAMAR FL 33029

Title	TR
Name	ALTIERI, CHELLIE
Address	4688 SW 183RD AVENUE
City-State-Zip:	MIRAMAR FL 33029

Title	DIR
Name	ALTIERI, CHELLIE
Address	4688 SW 183RD AVENUE
City-State-Zip:	MIRAMAR FL 33029

Title	DIR
Name	ALTIERI, DONALD
Address	4688 SW 183RD AVENUE
City-State-Zip:	MIRAMAR FL 33029

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: CHELLIE ALTIERI**PRESIDENT****07/22/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date