

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000071920

**Entity Name:** AMALFI RURAL SERVICES CORP.

**Current Principal Place of Business:**

721 S.E. 1ST WAY  
SUITE #15  
DEERFIELD BEACH, FL 33441

**Current Mailing Address:**

721 S.E. 1ST WAY  
SUITE #15  
DEERFIELD BEACH, FL 33441 US

**FEI Number:** 47-1756806

**Certificate of Status Desired:** No

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

CALVARESE PROFESSIONAL ACCOUNTING  
5340 N. FEDERAL HIGHWAY  
SUITE #202  
LIGHTHOUSE POINT, FL 33064 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 PD  
Name HAWERKAMP, FEDERICO C  
Address 721 S.E. 1ST WAY, SUITE #15  
City-State-Zip: DEERFIELD BEACH FL 33441

Title VPD  
Name UZARRALDE, SANTIAGO  
Address 721 S.E. 1ST WAY, SUITE #15  
City-State-Zip: DEERFIELD BEACH FL 33441

*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:** FEDERICO C. HAWERKAMP

**PRESIDENT**

**04/25/2016**

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

\_\_\_\_\_  
Date