

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000018321

**Entity Name:** ALESSI FAMILY OFFICE, INC.

**Current Principal Place of Business:**

4701 TONY ALESSI SR AVE  
TAMPA, FL 33614

**Current Mailing Address:**

POST OFFICE BOX 15584  
TAMPA, FL 33684 US

**FEI Number: 82-4597202**

**Certificate of Status Desired: No**

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

KOCHE, DAVID L  
601 BAYSHORE BLVD., SUITE 700  
TAMPA, FL 33606 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            DIR  
Name            ALESSANDRA ALESSI COLE  
Address        4701 TONY ALESSI SR AVE  
City-State-Zip: TAMPA FL 33614

Title            DIR  
Name            ALESSI, PAUL  
Address        4701 TONY ALESSI SR AVE  
City-State-Zip: TAMPA FL 33614

Title            DIR  
Name            ALESSI, ANTHONY J  
Address        4701 TONY ALESSI SR AVE  
City-State-Zip: TAMPA FL 33614

Title            DIR  
Name            DELUCIA, LAURA  
Address        4701 TONY ALESSI SR AVE  
City-State-Zip: TAMPA FL 33614

*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: ALESSANDRA ALESSI COLE**

**DIRECTOR**

**03/16/2021**

Electronic Signature of Signing Officer/Director Detail

Date