

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000087107

**Entity Name:** AMERICAN INVEST & TRUST INC.**Current Principal Place of Business:**1401 N UNIVERSITY DRIVE, STE 501  
CORAL SPRING, FL 33071**Current Mailing Address:**1401 N UNIVERSITY DRIVE, STE 501  
CORAL SPRING, FL 33071 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CARMONA & ASSOCIATES, INC.  
7270 NW 12 STREET  
SUITE 645  
MIAMI, FL 33126 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:** EMERSON CARMONA

04/25/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN, NON EXECUTIVE  
DIRETOR  
Name ARTILES, JOSE M  
Address 1401 N UNIVERSITY DRIVE, STE 501  
City-State-Zip: CORAL SPRING FL 33071

Title HEAD OF HUMAN RESOURCES  
Name ARTILES, JOSE M JR.  
Address 1401 N UNIVERSITY DRIVE, STE 501  
City-State-Zip: CORAL SPRING FL 33071

Title CEO  
Name MODAFFERI, GIOVANNI  
Address 77 YORK STREET  
City-State-Zip: BEDFORD BEDFORDSHIRE  
MK403RN

Title DIRECTOR, SECRETARY  
Name MORICI, ALBERTO  
Address 1401 N. UNIVERSITY DR  
SUITE 501  
City-State-Zip: CORAL SPRINGS FL 33071

Title VC, CEO  
Name PASTORE, FABIO  
Address 1401 N UNIVERSITY DRIVE, STE 501  
City-State-Zip: CORAL SPRING FL 33071

Title HEAD OF INTERNAL AUDIT  
Name OSMAN, BULENT  
Address 1401 N UNIVERSITY DRIVE, STE 501  
City-State-Zip: CORAL SPRING FL 33071

Title HEAD OF BUSINESS BANKING  
Name PEROZZI, SALVATORE  
Address VIA GENERALE  
DALLA CHIESA 2  
City-State-Zip: DESENSANO GARDA ITALY 25015

Title HEAD OF LEGAL DEPARTMENT  
Name MUSCOGIURI, NICOLA  
Address 1401 N. UNIVERSITY DR  
SUITE 501  
City-State-Zip: CORAL SPRINGS FL 33071

**Continues on page 2**

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:** JOSE MIGUEL ARTILES

D

04/25/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	CFO
Name	ALVARES, MANUEL ANTONIO
Address	1401 N UNIVERSITY DRIVE STE 501
City-State-Zip:	CORAL SPRINGS FL 33071