


FILED  
Mar 11, 2005 8:00 am  
Secretary of State

03-11-2005 90320 012 \*\*\*\*61.25

2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # 715652</b>			
1. Entity Name <b>AMERICANS OF ITALIAN HERITAGE CLUB, INC.</b>			
Principal Place of Business <b>6040 SW 21ST ST MIRAMAR, FL 33023</b>		Mailing Address <b>15815 SW 11 ST HOLLYWOOD, FL 33029</b>	
2. Principal Place of Business <b>2011 SW 42<sup>ND</sup> AVE.</b>		3. Mailing Address <b>2011 SW 42<sup>ND</sup> AVE.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>FT. LAUDERDALE, FLORIDA</b>		City & State <b>FT. LAUDERDALE, FLORIDA</b>	
Zip <b>33317-6700</b>		Zip <b>33317-6700</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-1757353</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
8. Name and Address of Current Registered Agent <b>RIZZI, ANTONIO 15815 SW 11 ST PEMBROKE PINES, FL 33021</b>		7. Name and Address of New Registered Agent Name <b>CHARLES SCALISI</b> Street Address (P.O. Box Number is Not Acceptable) <b>8212 NW 14<sup>TH</sup> STREET</b> City <b>PLANTATION</b> FL Zip Code <b>33322</b>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Charles Scalisi</i> <b>CHARLES SCALISI PRESIDENT</b> <b>3-8-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is <b>\$81.25</b> Due by <b>May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCALISI, CHARLES 8212 NW 14 ST. PLANTATION, FL 33322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP PECORARO, SAM 1715 WHITE HALL DR. FORT LAUDERDALE, FL 33322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP ANTOSIA, DANIEL 1158 CMABRIDGE "G" DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLINTON, RAYMOND 2011 SW 42ND AVE FORT LAUDERDALE, FL 33317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS ALFANO, JOANNE 412 SW 3RD TERR. HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR PALMACCI, FLORENCE 1621 LAUDERDALE W. DR. HOLLYWOOD, FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Raymond Clinton</i> <b>RAYMOND CLINTON</b> <b>3/8/05</b> <b>954-587-6544</b>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>TREASURER Date Daytime Phone #</small>	