


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90045 037 \*\*\*\*61.25

<b>DOCUMENT # 715652</b> 1. Entity Name <b>AMERICANS OF ITALIAN HERITAGE CLUB, INC.</b>					
Principal Place of Business <b>2011 SW 42ND AVE FORT LAUDERDALE, FL 33317-6700</b>			Mailing Address <b>2011 SW 42ND AVE FORT LAUDERDALE, FL 33317-6700</b>		
2. Principal Place of Business - No P.O. Box # <b>733 SW 110 LANE</b>		3. Mailing Address <b>733 SW 110 LANE</b>		<b>50002314</b>	
Suite, Apt. #, etc. <b>#203</b>		Suite, Apt. #, etc. <b>#203</b>		01062008 Chg-NP CR2E037 (12/06)	
City & State <b>PEMBROKE PINES, FL.</b>		City & State <b>PEMBROKE PINES, FL.</b>		4. FEI Number <b>59-1757353</b>	
Zip <b>33025</b>		Country <b>BROWARD</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SCALISI, CHARLES 8212 NW 14TH ST PLANTATION, FL 33322</b>		7. Name and Address of New Registered Agent Name <b>DUGONI, JOSEPH V.</b> Street Address (P.O. Box Number is Not Acceptable) <b>733 SW 110 LANE #203</b> City <b>PEMBROKE PINES</b> FL <b>33025</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 <b>JOSEPH V. DUGONI, PRESIDENT</b> <i>Joseph V. Dugoni</i> ? <b>3/24/2008</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR SCALISI, CHARLES 8212 NW 14 ST. PLANTATION, FL 33322	<input type="checkbox"/> Delete	TITLE <b>P</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>PRESIDENT JOSEPH V. DUGONI 733 SW 110 LANE #203 PEMBROKE PINES, FL 33025</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR PECORARO, SAM 1715 WHITE HALL DR. FORT LAUDERDALE, FL 33322	<input type="checkbox"/> Delete	TITLE <b>V.P</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>1ST VICE PRESIDENT SAM PECORARO 1715 WHITE HALL DRIVE FORT LAUDERDALE, FL 33322</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ANTOSIA, DANIEL 1158 CMABRIDGE "G" DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete	TITLE <b>V.P</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>2ND VICE PRESIDENT NANCY QUINN 321 ROOSEVELT STREET APT. PH HOLLYWOOD FLORIDA</b>	<input checked="" 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 <b>T</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>TREASURER RAYMOND CLINTON 2011 SW 42ND AVE. FORT LAUDERDALE, FL 33317</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	RS GARRABRANT, RAY 2616 N 38TH AVE HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete	TITLE <b>RS</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>RECORDING SECRETARY RAY GARRABRANT 2616 N 38TH AVENUE HOLLYWOOD, FL 33021</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1VP DUGONI, JOSEPH 733 SW 110 LANE APT 203 PEMBROKE PINES, FL 33025	<input type="checkbox"/> Delete	TITLE <b>CS</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>CORRESPONDING SECRETARY SHIRLEY MESSER 8212 NW 14 ST. PLANTATION, FL 33322</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE: JOSEPH V. DUGONI</b> <i>Joseph V. Dugoni</i> <b>3/24, 2008</b> <b>954-435-0659</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					