

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # F01000001788

1. Entity Name
AMALFI ASSOCIATES, INC.



Principal Place of Business
**12 GILFORD EAST DRIVE
GILFORD, NH 03246**

Mailing Address
**12765 FOREST HILL BLVD
SUITE 1302
WELLINGTON, FL 33414**



02082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-2705704	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MARIO G. DE MENDOZA, III, P.A.
12765 FOREST HILL BLVD STE 1302
WEST PALM BEACH, FL 33414**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	AMALFITANO, MICHAEL L
STREET ADDRESS	12 GILFORD EAST DRIVE
CITY-ST-ZIP	GILFORD, NH 03246

TITLE	S
NAME	HONIG, STEPHEN M
STREET ADDRESS	265 FRANKLIN STREET
CITY-ST-ZIP	BOSTON, MA 021103192

TITLE	T
NAME	MESSINA, JOSEPH
STREET ADDRESS	73 PARK AVENUE
CITY-ST-ZIP	BLOOMFIELD, NJ 07003

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/04/06-80033-012 150.00

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE:

Michael L. Amalfitano, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #