

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2007 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



01302007 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
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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)

000000680943
04/04/07-R0021-021 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P AMALFITANO, MICHAEL L 12 GILFORD EAST DRIVE GILFORD, NH 03246
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HONIG, STEPHEN M 265 FRANKLIN STREET BOSTON, MA 021103192
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MESSINA, JOSEPH 73 PARK AVENUE 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**

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 all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael L. Amalfitano, Pres.

Date

Daytime Phone #