

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 08:00 A**  
**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**



02222008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>04-2705704</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

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

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

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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CITY-ST-ZIP	

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05/01/08-80067-003 150.00

**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, President**

Date

Daytime Phone #

4/15/08