## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 14, 2007 8:00 am Secretary of State

					. Se	ecreta	rv o	t Sta	te
DOCUMENT # N0400008915  1. Entity Name AMERICAN ITALIAN ASSOCIATION, INC.					l	3-14-2007 9	•		
Principal Place 231 HUBBEL EDGEWATER		Mailing Address 231 HUBBELL STREET EDGEWATER, FK 32132	2					1611   FIEL (611)	ITTERNAN KATE
2. Principal Place of Business - No P.O. Box # 3.		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01152007 Chg-NP CR2E037 (12/06)				
City & Stat	te	City & State	·		4. FEI Number 80-01216	330			oplied For
Zip	Country	Zip	Country		5. Certificate of			\$8.75 Add	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New	Registered	Agent	
ANDREAN	IO, JOSEPH J		Name	KA		BEATL			_
724 GREE	N RD 'RNA BEACH, FL 32168		Street A	daress (F	P.O. Box Number	is Not Acceptat	ole)	m.	
14214 ()(1)	1111A BEACH, 1 E 32100			01	MONO	Ross	6 1		
			City	<u> </u>	7-0	Gene	FI	Zip Coo	e
8. The above	named entity submits this statement for	or the purpose of changing its re	egistered office o	r register	ed agent, or both,	in the State of I	Florida. I am	familiar with,	and accept
the obticat									
-	tions of registered agent.	at-				102	- 7 M-7	クフ	
SIGNATURE .	Signature. Typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signal	ture required	when reinstating)	02	- 20 ° 0	97	
-	Signature, typed or printed name of registered agent						DATE		
SIGNATURE	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Co	paign Financing ontribution.		\$5.00 May Be Added to Fees	Flo	DATE Make chec orida Depai	k payable t	tate
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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 eport as required by phapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with an other like empowered.

**SIGNATURE:** 

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Pho

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