


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # N06000002602 1. Entity Name THE SICILIAN CULTURAL AND FILM FESTIVAL, INC. |  |
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| Principal Place of Business 9400 SOUTH DADELAND BOULEVARD 600 MIAMI, FL 33156 | Mailing Address 9400 SOUTH DADELAND BOULEVARD 600 MIAMI, FL 33156 |
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02182008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent MELVIN C. MORGENSTERN, P.A. 9400 SOUTH DADELAND BOULEVARD 600 MIAMI, FL 33156 | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D VISCUSO, EMANUELE MR. 8300 HAWTHORNE AVENUE MIAMI BEACH, FL 33141 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GULLIK, TANYA MS. 1365 DAYTONIA ROAD MIAMI BEACH, FL 33141 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CATANIA, SALVATORE MR. 5600 COLLINS AVENUE APT 12-B MIAMI BEACH, FL 33140 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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05/30/08-80025-005 61.25

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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 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.

SIGNATURE: T. Emanuel Viscuso
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date _____ Daytime Phone # _____