

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000008268

FILED
May 02, 2008
Secretary of State

Entity Name: ASSOCIAZIONE AZZURRI MIAMI, INC.

Current Principal Place of Business:

2575 COLLINS AVE
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

2575 COLLINS AVE
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 30-0373229 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CHOLOBEL, MICHAEL ESQ
4300 BISCAYNE BLVD SUITE 205
MIAMI, FL 33137 US

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.

SIGNATURE: MICHAEL CHOLOBEL

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SASSI, CESARE
Address: 2575 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: T () Delete
Name: PUCCI, AGATA
Address: 2575 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: S () Delete
Name: CHOLOBEL, MICHAEL
Address: 4300 BISCAYNE BLVD SUITE 205
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: MARTUCCI, LUCA
Address: 2575 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CESARE SASSI

P

05/02/2008

Electronic Signature of Signing Officer or Director

Date