

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Jul 09, 2012  
Secretary of State**

DOCUMENT# N10000007376

**Entity Name:** CAPITAL ITALIAN AMERICAN ORGANIZATION, INC.

**Current Principal Place of Business:**

2915 KERRY FOREST PWY  
SUITE 101  
TALLAHASSEE, FL 32309 US

**New Principal Place of Business:**

**Current Mailing Address:**

2915 KERRY FOREST PWY  
SUITE 101  
TALLAHASSEE, FL 32309 US

**New Mailing Address:**

**FEI Number:** 27-3328389      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BURKHART, PHILOMENA  
1634 FOLKSTONE ROAD  
TALLAHASSEE, FL 32312 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** ANTONETTI, CANDI  
**Address:** 4947 E. SHANNON LAKES DR  
**City-St-Zip:** TALLAHASSEE, FL 32309 US

**Title:** VP  
**Name:** BERTOLDI, MAURIZIO  
**Address:** 1103 RICHVIEW RD.  
**City-St-Zip:** TALLAHASSEE, FL 32301 US

**Title:** TR  
**Name:** BURKHART, PHILOMENA  
**Address:** 1634 FOLKSTONE ROAD  
**City-St-Zip:** TALLAHASSEE, FL 32312 US

I hereby 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 all other like empowered.

SIGNATURE: ELIZABETH RICCI

P

07/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date