

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005618

FILED  
Apr 08, 2010  
Secretary of State

**Entity Name:** AMERICAN ITALIAN ASSOCIATION OF HOLLYWOOD ESTATES, INC.

**Current Principal Place of Business:**

HOLLYWOOD ESTATES  
3300 N STATE ROAD 7 - BOX B187  
HOLLYWOOD, FL 33021 US

**New Principal Place of Business:**

**Current Mailing Address:**

IDA GIANNETTINO  
3300 N STATE RD #7 B187  
HOLLYWOOD, FL 33021 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

IDA GIANNETTINO  
3300 N STATE ROAD 7 - B187  
HOLLYWOOD, FL 33021 US

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

GIANNETTINO, IDA H FS  
3300 N STATE ROAD 7 - B187  
HOLLYWOOD, FL 33021 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: MS. IDA H GIANNETTINO

04/08/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GIANNETTINO, BARBARA A  
Address: 3300 N STATE RD 7 B187  
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP  
Name: MARINO, GLADYS  
Address: 3300 N STATE RD 7 B193  
City-St-Zip: HOLLYWOOD, FL 33021

Title: SA  
Name: PRESTI, FILOMENA  
Address: 2121 NW 95TH AVE  
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: S  
Name: MOORE, MARI  
Address: 3300 N STATE ROAD 7 - J752  
City-St-Zip: HOLLYWOOD, FL 33021

Title: T  
Name: BALSAMO, JOSEPHINE  
Address: 3300 N SR 7-D341  
City-St-Zip: HOLLYWOOD, FL 33021

Title: FS  
Name: GIANNETTINO, IDA H  
Address: 3300 N STATE RD 7 - B187  
City-St-Zip: HOLLYWOOD, FL 33021

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: IDA H GIANNETTINO

FS

04/08/2010

Electronic Signature of Signing Officer or Director

Date