

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2007 08:00 A
Secretary of State

DOCUMENT # P00000073077

1. Entity Name
ANTICO ITALIANO, INC.



Principal Place of Business
**2011 NW 33RD ST
POMPANO BEACH, FL 33064**

Mailing Address
**2011 NW 33RD ST
POMPANO BEACH, FL 33064**

DO NOT WRITE IN THIS SPACE



02072007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1029092

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MULLEN, JOSEPH P ESQ
C/O MULLEN & BIZZARRO, P.A.
2929 E COMMERCIAL BLVD SUITE PH-C
FORT LAUDERDALE, FL 33308**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000636577
02/26/07-88025-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	VALCAVI, MASSIMO
STREET ADDRESS	10936 LA SALINAS CIRCLE
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	VD
NAME	VALCAVI, MATTEO
STREET ADDRESS	20611 LINKSVIEW CIRCLE
CITY-ST-ZIP	BOCA RATON, FL 33434
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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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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or without power of attorney.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #