

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90385 009 ***155.00

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1. Entity Name

ALEPH CLERICI INC



Principal Place of Business

1717 NORTH BAYSHORE DRIVE
2147
MIAMI FL 33132

Mailing Address

1717 NORTH BAYSHORE DRIVE
2147
MIAMI FL 33132

2. Principal Place of Business

3400 SW 26 TER
SUITE A-6

3. Mailing Address

NAME
SUITE, Apt. #, etc. 11

City & State

FT. LAUDERDALE, FL

City & State

11

Zip

33312

Country

USA

Zip

11

Country

11

4. FEI Number

16-1637744

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLERICI, GABRIELE
1717 NORTH BAYSHORE DRIVE
2147
MIAMI FL 33132

7. Name and Address of New Registered Agent

Name AMERIGO CLERICI

Street Address (P.O. Box Number is Not Acceptable)

1717 N. BAYSHORE DRIVE #2147

City

MIAMI

FL

Zip Code

33132

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]

AMERIGO CLERICI

04-13-05

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☒

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME CLERICI, GABRIELE
STREET ADDRESS 1717 NORTH BAYSHORE DRIVE # 2147
CITY-ST-ZIP MIAMI FL 33132

TITLE D ☐ Delete
NAME CLERICI, AMERIGO
STREET ADDRESS 665 HIGH POINT #D
CITY-ST-ZIP DELRAY FL 33445

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☐ Addition
NAME AMERIGO CLERICI
STREET ADDRESS 1717 N. BAYSHORE DRIVE #2147
CITY-ST-ZIP MIAMI, FL 33132

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 all other like empowered.

SIGNATURE

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AMERIGO CLERICI

04-13-05

Date

(786)287-4056

Daytime Phone #