

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90222 026 ***150.00

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1. Entity Name
ALEPH CLERICI INC



Principal Place of Business

**3400 SW 26 TERR 1717 N. BAYSHORE DR.
SUITE A-6 #2353
FORT LAUDERDALE, FL 33312
MIAMI**

Mailing Address

**3400 SW 26 TERR 1717 N. BAYSHORE DR.
SUITE #2353
FORT LAUDERDALE, FL 33312
MIAMI**



04212006 No Chg-P CR2E034 (11/05)

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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, AMERIGO
1717 NORTH BAYSHORE DRIVE 3400 SW 26 TERR. #A6
2447
MIAMI, FL 33132
FT. LAUDERDALE, FL 33312**

**DO NOT WRITE
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CLERICI, GABRIELE 2353
STREET ADDRESS	1717 NORTH BAYSHORE DRIVE #2447
CITY - ST - ZIP	MIAMI, FL 33132
TITLE	D
NAME	CLERICI, AMERIGO
STREET ADDRESS	865 HIGH POINT RD 3400 SW 26 TERR. A6
CITY - ST - ZIP	DELRAY, FL 33445 FT. LAUDERDALE, FL 33312
TITLE	D
NAME	CLERICI, AMERIGO
STREET ADDRESS	1717 N BAYSHORE DRIVE, #2447 SAME
CITY - ST - ZIP	MIAMI, FL 33132
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
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 changed, or on an attachment with an address, with all other like empowered.

[Handwritten Signature]