

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2008 08:00 A
Secretary of State

DOCUMENT # P03000020991

1. Entity Name
SEBASTIAN P AMENTA, INC.



Principal Place of Business
**2717 NE 34 STREET
FT. LAUDERDALE, FL 33306 US**

Mailing Address
**2717 NE 34 STREET
FT. LAUDERDALE, FL 33306 US**



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1655183

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**AMENTA, SEBASTIAN P
2717 NE 34 STREET
FT. LAUDERDALE, FL 33306**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	AMENTA, SEBASTIAN P
STREET ADDRESS	2717 NE 34 STREET
CITY-ST-ZIP	FT. LAUDERDALE, FL 33306
TITLE	ST
NAME	AMENTA, ALEXANDRA
STREET ADDRESS	2717 NE 34 STREET
CITY-ST-ZIP	FT. LAUDERDALE, FL 33306
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000780488
01/14/08-80023-021-150.00

**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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-08 954363-5333
Date Daytime Phone #