


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 10, 2004 8:00 am**  
**Secretary of State**

06-10-2004 90001 010 \*\*\*150.00


<b>DOCUMENT # P03000028888</b>	
1. Entity Name <b>HUDSON TRE AMICI, INC.</b>	

Principal Place of Business <b>7386 SHOALLINE BLVD. SPRING HILL, FL 34607</b>	Mailing Address <b>7386 SHOALLINE BLVD. SPRING HILL, FL 34607</b>
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2. Principal Place of Business <b>7386 SHOAL LINE BLVD.</b>	3. Mailing Address <b>7386 SHOAL LINE BLVD.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>SPRING HILL, FL</b>	City & State <b>SPRING HILL, FL</b>
Zip <b>34607</b>	Zip <b>34607</b>
Country	Country

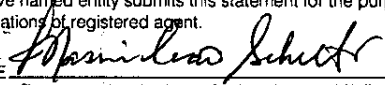
**54057037**



06022004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>WINN, MARVIN 131 FIRST STREET NW LARGO, FL 33770</b>		7. Name and Address of New Registered Agent Name <b>SABETTI, MASSIMILIANO</b> Street Address (P.O. Box Number is Not Acceptable) <b>7386 SHOAL LINE BLVD.</b> City <b>SPRING HILL</b> FL Zip Code <b>34607</b>	
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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.

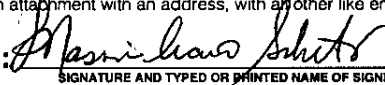
SIGNATURE  DATE **6-7-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DELUCA, UMBERTO 4055 MARINER BLVD. SPRING HILL, FL 34609</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/P/T SABETTI, MASSIMILIANO 7802 HARDWICK, #1114 NEW PORT RICHEY, FL 34653</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/S SABETTI, MARIO 7809 VIENNA LANE PORT RICHEY, FL 34668</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE:  **MASSIMILIANO SABETTI** DATE **6-7-04** DAYTIME PHONE # **352-585-3086**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

54057037

7386 Shoal Line Blvd.  
Spring Hill, FL 34607

June 3, 2004

Division of Corporations  
Post Office Box 1500  
Tallahassee, FL 32302-1500

Re: Document #P03000028888

Dear Sir or Madam:

When I recently had my C.P.A. prepare my business and personal taxes, he advised that a 2004 Annual Report should have been filed by May 1<sup>st</sup> for my business. He further advised that I should have received notification of this annual filing from the Division during the month of January, but I did not receive any such notification. My former C.P.A., Marvin Winn, is listed as my Registered Agent, and I can only assume the notification of this filing was sent to him. Needless to say, he did not forward it to me.

I respectfully request that you accept the enclosed Annual Report, along with my check in the amount of \$150.00., and process accordingly. Thank you.

Sincerely,



Massimiliano Sabetti

Enclosures