

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90054 031 \*\*\*150.00

**DOCUMENT # P03000028888**

1. Entity Name  
**HUDSON TRE AMICI, INC.**



Principal Place of Business  
**7386 SHOALLINE BLVD.  
SPRING HILL, FL 34607**

Mailing Address  
**7386 SHOALLINE BLVD.  
SPRING HILL, FL 34607**

**50016769**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02022005

Chg-P

CR2E034 (10/03)

4. FEI Number

**02-0679229**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SARBETT, MASSIMILIANO  
7386 SHOAL LINE BLVD  
SPRING HILL, FL 34607**

Name

**SARBETT, MASSIMILIANO**

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

**7386 SHOAL LINE BLVD**

City

**SPRING HILL**

**FL**

Zip Code

**34607**

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 retreating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPT  
SARBETT, MASSIMILIANO  
7802 HARDWICK # 1114  
NEW PORT RICHEY, FL 34653** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
SARBETT, MARIO  
7809 VIENNA LANE  
PORT RICHEY, FL 34668** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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CITY-ST-ZIP  
☐ Change ☐ 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 all other like empowered.

SIGNATURE: *Massimiliano Sabetti* **MASSIMILIANO SARBETT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/8/04*  
Date

*352-597-2121*  
Daytime Phone #