2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90011 023 ***150.00

DOCUMENT # P03000028888

1. Entity Name
HUDSON TRE AMICI, INC.

40027554

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

02092007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4055 MARINER BLVD.	4055 MARINER BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SPRING HILL, FL	City & State: SPRING HILL FL
Zip: 34609 Country:	Zip: 34609 Country:

4. FEI Number: 02-0679299 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: SABETTI MASSIMILIANO
Street Address (P.O. Box Number is Not Acceptable): 5612 SEA TURTLE COURT
City: NEW PORT RICHEY FL Zip Code: 34652

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: X [signature] DATE: X 2-25-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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 SABETTI, MASSIMILIANO 7802 HARDWICK # 1114 NEW PORT RICHEY, FL 34653	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 5612 SEA TURTLE COURT NEW PORT RICHEY FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SABETTI, MARIO 7809 VIENNA LANE PORT RICHEY, FL 34668	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: X [signature] SABETTI MASSIMILIANO X 2-25-07 352-585-3086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #