2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 23, 2007 8:00 am Secretary of State 05-23-2007 90032 001 *****8.75

MAME SIRET ADDRESS CITY-ST-ZIP TITLE MAME SIRET	DOCUI 1. Entity Nam GATTI AM		7871	S. M. S.			05-23-2007 9 05-23-2007 9			
Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite Suite, Apt. 4, etc. O5162007 Chg.P CR2E034 (12/06)	232 SOUTH I	HIBISCUS CT	232 SOUTH HIBISCUS			-				
City & State Country City & State City & State	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
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6. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The above named certify submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Rooks. I am lamillar with, and accept the obligations of registered begent. 8. The above named certify submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Rooks. I am lamillar with, and accept the obligations of registered begent. 8. The above named certify submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Rooks. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Rooks. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Rooks. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Rooks. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Rooks. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Rooks. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Rooks. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Rooks. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Rooks. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Rooks. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Rooks. In the state of Rooks. I am lamillar with, and accept the prior rootice. 9. Election Carrent and accept the	City & State		City & State			1				
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SYOUL ADDRESS (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Curren	t Registered Agent		Varne	7. Name and	Address of New R	egistered	Agent	
B. The above named circley sulpmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered both. SIGNATURE: Communication C	232 SOUT	H HIBISCUS CT								
8. The above named ensity submits this statement for the psychose of changing its registered agent, or both, in the State of Plorids. I am familiar with, and accept the obligatorys of registered spent. CS - 3		· · · · · · · · · · · · · · · · · · ·			City			FI	Zip Code	3
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D GATTI, ANNA MARIA NAME SIREET ADDRESS CITY-S1-2IP TITLE SIREET ADDRESS CITY-S1	the obligat	ions of registered agent. Signature, Typed or priviled name of registered age	yand title if applicable. (NC	An / 4	AAEIA ent signature required	d when reinstating)	In accordance v	DATE . 60	7.193(2)(b), I	F.S., the
MAME SIREET ADDRESS CITY-ST-2IP PLANTATION, FL 33317 Delete ITILE NAME SIREET ADDRESS CITY-ST-2IP TITLE SIREET ADDRESS CITY-ST-2IP SIREET A		· · · · · · · · · · · · · · · · · · ·	D DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AN	D DIRECTORS	S IN 11
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 sustee embowered 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 en address with all other like empowered. SIGNATURE: **Additional 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 supplemental report is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 if the empowered. **SIGNATURE:**	NAME STREET ADDRESS		☐ Delete	NAME STREET A					☐ Change	Addition
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