

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # R03000152830

1. Entity Name
NERO-SU BIANCO, INC.



FILED

04 JUN 25 PM 2:11

Principal Place of Business
676 W PROSPECT RD
FT LAUDERDALE, FL 33309

Mailing Address
676 W PROSPECT RD
FT LAUDERDALE, FL 33309

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06232004

Chg-P

CR2E034 (10/03)

TR

4. FEI Number

20-0513708

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

DI-MILLS, ANDREA
676 W PROSPECT RD
FT LAUDERDALE, FL 33309

Name

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

City

FL

Zip Code

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 reinstating)

DATE

Amended AR is \$61.25

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
~~PD~~
~~DI-MILLS, ANDREA~~
~~676 W PROSPECT RD~~
~~FT LAUDERDALE, FL 33309~~

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300038414643
06/29/04--01021--010 **61.25

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD Christopher Camilli
676 W PROSPECT RD
FT LAUDERDALE, FL 33309

☐ Delete

TITLE
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STREET ADDRESS
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☐ Change ☐ Addition

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTOPHER CAMILLI 6-22-04

Date

Daytime Phone #