FILED
May 14, 2007 8:00 am
Secretary of State
03-30-2007 90146 036 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0400003276 1. Entity Name SAM MAGGIACOMO, INC.				
Principal Place	e of Business	Mailing Address		
1913 E BEARSS AVENUE 1913 E BEARSS AVENUE TAMPA, FL 33613 TAMPA, FL 33613			UE .	
				L FERRICA REPORT OF A COMPANY AND A COMPA
2. Principal Place of Business - No P.O. Box 1913 E. Bearss Ave 1913 E. Bearss Ave				
Suite, Apt. #, etc. Suite, Apt. #, etc.				03052007 Chg-P CR2E034 (12/06)
City & State	Tampa Fl.	City & State 1 a mpa	Fl·	4. FEI Number Applied For 86-1093377 Not Applied
Zip 33	613 Hills borough	38613	HINS DO TOWN	5. Certificate of Status Desired S8.75 Additional Fee Required
Name and Address of Current Registered Agent Name and Address of New Registered Agent Name				
MAGGIACOMO, SAM				
1518 BOGIE DRIVE TAMPA, FL 33612 Street Address				sas (r.o. box realities is not neceptate)
City FL Zip Code				
8. The above named entity submits this statement for the purpose of change of stegistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent,				
SIGNATURE Synthins, hyped or professing of given and site it applicable (INDIE: Registered Apert stgrasure required when remassing) DAT				
FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be				
After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution.				
10.	OFFICERS AND	DIRECTORS Delete	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME	MAGGIACOMO, SAM	C beer	NAME	
STREET ADDRESS CITY-ST-ZIP	1913 E BEARSS AVENUE TAMPA, FL 33613		STREET ADDRESS CITY-ST-ZIP	
TITLE	v	Delete	TITLE	☐ Change ☐ Additio
NAME STREET ADDRESS	MAGGIACOMO, DAVID 1913 E BEARSS AVENUE		name Street address	
CITY-ST-ZIP	TAMPA, FL 33613		CITY-ST-ZIP	
TITLE NAME	S MAGGIACOMO, SARA	☐ Delete	TITLE NAME	☐ Crange ☐ Additio
STREET ADDRESS	.1913.E BEARSS AVENUE		STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33613		CITY-ST-ZIP	
NAME		Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP	
TITLE		☐ Deletz	गार्ष	☐ Change ☐ Additio
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Additio
STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-2IP	Application in the later of the	ship films da · · ·	CITY-ST-ZIP	0
12. I hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver of 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.				
changed, or on an attachment with an address, with all other like empowered.				
SIGNATURE: 03/26/2007 (8/3) 733 - 593/				