

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000166783

**FILED**  
**Oct 17, 2005**  
**Secretary of State**

**Entity Name:** BOCCATO INC.

**Current Principal Place of Business:**

790 NW 107 AVE. #100  
MIAMI, FL 33172

**New Principal Place of Business:**

1390 S. DIXIE HIGHWAY  
2113  
CORAL GABLES, FL 33146

**Current Mailing Address:**

790 NW 107 AVE. #100  
MIAMI, FL 33172

**New Mailing Address:**

1390 S. DIXIE HIGHWAY  
2113  
CORAL GABLES, FL 33146

FEI Number: 20-2422149

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FERRAS, LISETTE  
2400 CENTER GATE DR #102  
MIRAMAR, FL 33025 US

**Name and Address of New Registered Agent:**

MANCIN, SABRINA  
1390 S. DIXIE HIGHWAY  
2113  
CORAL GABLES, FL 33146 US

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.

SIGNATURE: SABRINA MANCIN

10/17/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FERRAS, LISETTE  
Address: 4508 NW 114 AVE., #2111  
City-St-Zip: MIAMI, FL 33178

Title: V ( ) Delete  
Name: MANCIN, SABRINA  
Address: 5757 COLLINS AVE., APT. #706  
City-St-Zip: MIAMI BEACH, FL 33140

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MANCIN, SABRINA  
Address: 1390 S. DIXIE HIGHWAY, 2113  
City-St-Zip: CORAL GABLES, FL 33146

Title: V (X) Change ( ) Addition  
Name: FERRAS, LISSETTE  
Address: 1390 S. DIXIE HIGHWAY, 2113  
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SABRINA MANCIN

P

10/17/2005

Electronic Signature of Signing Officer or Director

Date