

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000012170

Entity Name: PRECETTI, INC.

**FILED**  
**Sep 04, 2007**  
**Secretary of State**

## **Current Principal Place of Business:**

5815B N ANDREWS WAY  
FT. LAUDERDALE, FL 33309

## **New Principal Place of Business:**

## **Current Mailing Address:**

5815B N ANDREWS WAY  
FT. LAUDERDALE, FL 33309

## **New Mailing Address:**

FEI Number: 14-1921987

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PASSALACQUA, PAOLO PRES  
5815B N ANDREWS WAY  
FT. LAUDERDALE, FL 33309 US

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

PASSALACQUA, PAOLO  
5815B N ANDREWS WAY  
FT. LAUDERDALE, FL 33309 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: PAOLO PASSALACQUA

09/04/2007

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: PASSALACQUA, PAOLO  
Address: 5815B N ANDREWS WAY  
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: DPTS (X) Change ( ) Addition  
Name: PASSALACQUA, PAOLO  
Address: 5815B N ANDREWS WAY  
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: AS ( ) Change (X) Addition  
Name: GRASSI, SARA  
Address: 5815B N ANDREWS WAY  
City-St-Zip: FT. LAUDERDALE, FL 33309

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PAOLO PASSALACQUA

DPTS

09/04/2007

Electronic Signature of Signing Officer or Director

Date