

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90384 047 \*\*\*150.00

DOCUMENT # P05000057390

1. Entity Name

ALESSANDRO OF GAINESVILLE, INC.



Principal Place of Business

~~8429 SW 8TH PL~~  
~~GAINESVILLE FL 32607~~

Mailing Address

10711 SW 104TH ST  
MIAMI FL 33176



2. Principal Place of Business - No P.O. Box #

4212 N W 16 Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Gainesville, FL

City & State

4. FEI Number

76-0791238

Applied For

Not Applicable

Zip

32605

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

NACCARATO, NAT  
C/O NAT NACCARATO & ASSOCIATES, P.A.  
107 11 SW 104 ST  
MIAMI FL 33176

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME: PD  
STREET ADDRESS: CORSA, PETER R  
CITY-STATE-ZIP: 8429 SW 8TH PLACE  
GAINESVILLE FL 32607 ☒ Delete

TITLE  
NAME: ☐ Delete  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE  
NAME: ☐ Delete  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE  
NAME: ☐ Delete  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE  
NAME: ☐ Delete  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE  
NAME: ☐ Delete  
STREET ADDRESS:  
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME: ANNA CORSA ☒ Change ☐ Addition  
STREET ADDRESS: 8429 SW 8TH PLACE  
CITY-STATE-ZIP: GAINESVILLE, FL 32607

TITLE  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS:  
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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

✓ 4.20.07

(305) 598-2276

Date

Daytime Phone #