

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000161646

Entity Name: MICALI & ASSOCIATES, INC.

FILED  
Feb 07, 2009  
Secretary of State

## Current Principal Place of Business:

COZUMEL 803 - 960 CAPE MARCO DR  
MARCO ISLAND, FL 34145

## New Principal Place of Business:

## Current Mailing Address:

ATTN: ANGELA PASSANTE  
139 BELLEVUE RD  
HIGHLAND, NY 12528

## New Mailing Address:

FEI Number: 20-4006882

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PASSANTE, ANGELA  
COZUMEL 803 - 960 CAPE MARCO DR  
MARCO ISLAND, FL 34145 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PASSANTE, ANGELA  
Address: COZUMEL 803 - 960 CAPE MARCO DR  
City-St-Zip: MARCO ISLAND, FL 34145

Title: VPD ( ) Delete  
Name: PASSANTE, RICHARD  
Address: 119 BELLEVUE RD  
City-St-Zip: HIGHLAND, NY 12528

Title: T ( ) Delete  
Name: PASSANTE, MICHAEL  
Address: COZUMEL 803 - 960 CAPE MARCO DR  
City-St-Zip: MARCO ISLAND, FL 34145

Title: S ( ) Delete  
Name: PASSANTE, ALICIA  
Address: COZUMEL 803 - 960 CAPE MARCO DR  
City-St-Zip: MARCO ISLAND, FL 34145

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: PASSANTE, RICHARD  
Address: 139 BELLEVUE RD  
City-St-Zip: HIGHLAND, NY 12528

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ANGELA PASSANTE

P

02/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date