


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2007 8:00 am
Secretary of State

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03-16-2007 90029 026 ***150.00

DOCUMENT # P06000028764					
1. Entity Name SCUDERIA INCOLINX, INC.					
Principal Place of Business 1092 SCARLET OAK STREET HOLLYWOOD FL 33019			Mailing Address 1092 SCARLET OAK STREET HOLLYWOOD FL 33019		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Sulic. Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROMANELLI, PAOLO 1092 SCARLET OAK STREET HOLLYWOOD FL 33019				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 _____ <small>Signature, typed or printed name of registered agent and last applicable (NOTE: Registered Agent signature required when registering.) DATE</small>					
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 <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution. <input type="checkbox"/>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
1011 NAME	D ROMANELLI, PAOLO <input checked="" type="checkbox"/> Delete	1111 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1012 STREET ADDRESS	1092 SCARLET OAK STREET	1112 STREET ADDRESS			
1013 CITY ST ZIP	HOLLYWOOD FL 33019	1113 CITY ST ZIP			
1014 NAME	D ROMEO, DIEGO <input type="checkbox"/> Delete	1114 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1015 STREET ADDRESS	1092 SCARLET OAK STREET	1115 STREET ADDRESS			
1016 CITY ST ZIP	HOLLYWOOD FL 33019	1116 CITY ST ZIP			
1017 NAME	<input type="checkbox"/> Delete	1117 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1018 STREET ADDRESS		1118 STREET ADDRESS			
1019 CITY ST ZIP		1119 CITY ST ZIP			
1020 NAME	<input type="checkbox"/> Delete	1120 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1021 STREET ADDRESS		1121 STREET ADDRESS			
1022 CITY ST ZIP		1122 CITY ST ZIP			
1023 NAME	<input type="checkbox"/> Delete	1123 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1024 STREET ADDRESS		1124 STREET ADDRESS			
1025 CITY ST ZIP		1125 CITY ST 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: <u>Paolo Romanelli</u>			Date: <u>FEB 18, 2007</u> (954) 249-6964		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date City/Phone #</small>		

