2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 09, 2008 8:00 am
Secretary of State
05-09-2008 90009 044 ***150.00

DOCUMENT # P06000156458

1. Entity Name
STATE CAPITAL WEALTH MANAGEMENT, INC.

Principal Place of Business	Mailing Address
1101 BRICKELL AVENUE STE. 702 - NORTH TOWER MIAMI FL 33131 US	1101 BRICKELL AVENUE STE. 702 - NORTH TOWER MIAMI FL 33131 US

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
777 BRICKELL AVENUE	777 BRICKELL AVENUE
Suite, Apt. #, etc. 1150	Suite, Apt. #, etc. 1150
City & State MIAMI FL	City & State MIAMI FL
Zip 33131 Country US	Zip 33131 Country US

4. FEI Number 20-8105869 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROCCA, GIADA 800 BRICKELL AVENUE STE. 400 MIAMI FL 33131	Name: FLORIDA CORPORATE REGISTERED AGENTS, LLC. Street Address (P.O. Box Number is Not Acceptable): 7200 NW 19 ST. SUITE 301 City: MIAMI FL Zip Code: 33126

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: EDUARDO GONZALEZ, MEMBER-MANAGER 4-22-08
(Typed or printed name of person signing) (NOTE: Registered Agent signature required when changing it) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P PROVINI, CHARLES 47 CLUB WAY RED BANK NEW JERSEY NJ 07701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/VP SILVA, CARLOS EDUARDO 21200 NE 38TH AVE - APT. 1605 AVENTURA, FL 33180	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/VP LONGOBARDI, LUCA 1101 BRICKELL AVENUE STE. 702-N MIAMI FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/VP MACCARINI, VALENTINO 777 BRICKELL AVENUE SUITE 1150 MIAMI FL 33131	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/VP HOLLANDER, CARLOS 430 GRAND BAY DRIVE - APT 107 KEY BISCAYNE FL 33149	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/VP LONGOBARDI, LUCA 777 BRICKELL AVENUE SUITE 1150 MIAMI FL 33131	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/S DI PIETTO, GIANPAOLO 1101 BRICKELL AVENUE STE. 702-N MIAMI FL 33131	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: (LUCA LONGOBARDI) 04-22-2008 305-329-2539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #