

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000156458

FILED
Apr 30, 2009
Secretary of State

Entity Name: STATE CAPITAL WEALTH MANAGEMENT, INC.

Current Principal Place of Business:

777 BRICKELL AVE
1150
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

777 BRICKELL AVE
1150
MIAMI, FL 33131 US

New Mailing Address:

FEI Number: 20-8105869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA CORPORATE REGISTERED AGENTS, LLC
7200 NW 19 ST
STE 301
MIAMI, FL 33126 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: DP () Delete
Name: PROVINI, CHARLES
Address: 47 CLUB WAY RED BANK
City-St-Zip: NEW JERSEY, NJ 07701 US

Title: DV () Delete
Name: LONGOBARDI, LUCA
Address: 777 BRICKELL AVENUE SUITE 1150
City-St-Zip: MIAMI, FL 33131 US

Title: DV () Delete
Name: SILVA, CARLOS E
Address: 21200 NE 38TH AVE APT 1605
City-St-Zip: AVENTURA, FL 33180

Title: DV () Delete
Name: MACCARINI, VALENTINO
Address: 777 BRICKELL AVE STE 1150
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: LUCA LONGOBARDI

DV

04/30/2009

Electronic Signature of Signing Officer or Director

Date