

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90108 037 \*\*\*150.00

40079838



04222008 Chg-P CR2E034 (12/06)

4. FEI Number **20-8574766** Applied For ☐ Not Applicable ☐

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

DOCUMENT # P07000024882

1. Entity Name  
AMADEO MAZZOLINI P.A.



Principal Place of Business  
18100 NE 19 AVE. # 100  
NORTH MIAMI BEACH, FL 33162

Mailing Address  
18100 NE 19 AVE. # 100  
NORTH MIAMI BEACH, FL 33162

**1849 S. OCEAN DR.** **1849 S. OCEAN DR**

2. Principal Place of Business - No P.O. Box # **214** 3. Mailing Address

Suite, Apt. #, etc. **HALLANDALE - FLORIDA** Suite, Apt. #, etc. **214**

City & State **HALLANDALE FLORIDA**

Zip **33009** Country **USA** Zip **33009** Country **U.S.A**

6. Name and Address of Current Registered Agent

CAPRIOTTI, LIDIA  
1849 S. OCEAN DR #214  
HALLANDALE, FL 33009

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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	P MAZZOLINI, AMADEO A 1849 S. OCEAN DR #214 HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: \_\_\_\_\_ Date **042008** Daytime Phone # **786290 FJF**

AMADEO MAZZOLINI