

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000004216

Entity Name: FOLCHI MARITIMO CO.

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

2070 NW 79TH AVE.  
DORAL, FL 33122

## **New Principal Place of Business:**

350 SOUTH MIAMI AVE.  
502  
MIAMI, FL 33130

## **Current Mailing Address:**

FOLCHI MARITIMO COJ 1563  
PO BOX 025801  
MIAMI, FL 33102

## **New Mailing Address:**

350 SOUTH MIAMI AVE.  
502  
MIAMI, FL 33130

FEI Number: 26-4044502

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

A1A REGISTERED AGENT INC.  
5647 110TH AVE N  
ROYAL PALM BEACH, FL 33411 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

## **OFFICERS AND DIRECTORS:**

Title: P  
Name: FOLCHI, NICOLA C  
Address: 350 SOUTH MIAMI AVE APT. # 502  
City-St-Zip: MIAMI, FL 33130

Title: P  
Name: FOLCHI, MERCURIO C  
Address: 350 SOUTH MIAMI AVE. APT.# 502  
City-St-Zip: MIAMI, FL 33130

I hereby 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 all other like empowered.

SIGNATURE: NICOLA FOLCHI

P

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date