

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P93000007710

1. Entity Name  
MODIGLIANI, INC.



Principal Place of Business  
315 MIRACLE MILE  
CORAL GABLES, FL 33134

Mailing Address  
315 MIRACLE MILE  
CORAL GABLES, FL 33134

**DO NOT WRITE IN THIS SPACE**

4/2

**FILED  
May 07, 2007 8:00 am  
Secretary of State**

04-20-2007 90207 007 \*\*\*150.00

66013548



04112007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0389964	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GONZALEZ, JOSE R  
315 MIRACLE MILE  
CORAL GABLES, FL 33134

**DO NOT WRITE  
IN THIS SPACE**

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

*[Signature]* Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when changing)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GONZALEZ, JOSE R
STREET ADDRESS	315 MIRACLE MILE
CITY-ST-ZIP	CORAL GABLES, FL 33134

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-3-07

Date

Daytime Phone #