

FILED
Apr 28, 2008 08:00 AM
Secretary of State

1. Entity Name
MODIGLIANI, INC.



Mailing Address
315 MIRACLE MILE
CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE



04232008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0389964

Applied For
Not Applicable

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

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

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IN THIS SPACE**

SIGNATURE.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

~~1000003211~~

U5/21/U8-80042-024 150.00

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____