


FILED
May 07, 2004 8:00 am
Secretary of State

54053470

DOCUMENT # P93000009960				Secretary of State 05-07-2004 90134 031 ***150.00	
1. Entity Name A&A AMARETTO, INC.					
Principal Place of Business 5915 MEMORIAL HWY., SUITE P TAMPA, FL 33615		Mailing Address 5915 MEMORIAL HWY., SUITE P TAMPA, FL 33615			
2. Principal Place of Business		3. Mailing Address		54053470	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04262004 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number 59-3164014	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, STEPHEN W C/O WALKER & ASSOC, CPA, PA 211 SOUTH DALE MABRY HWY TAMPA, FL 33609				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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
DVP PUCCINELLI, ANGELO 13620 LAKE MAGDALENE BLVD. TAMPA, FL 33618					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
DP SERRA, ANTHONY 5037 PALOMA DR. TAMPA, FL 33624					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Tony Serra</i> Tony Serra 5-5-04 813-885-4776					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					