

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000046983

FILED
Jan 06, 2009
Secretary of State

Entity Name: AMARETTO DEVELOPMENT CORPORATION

Current Principal Place of Business:

635 ALLENDALE RD
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

635 ALLENDALE RD
KEY BISCAYNE, FL 33149

New Mailing Address:

PO BOX 490321
KEY BISCAYNE, FL 33149

FEI Number: 65-0431200

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUTHBERTSON, R. BRUCE
635 ALLENDALE RD
KEY BISCAYNE, FL 33149 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: CUTHBERTSON, R. BRUCE
Address: 635 ALLENDALE RD
City-St-Zip: KEY BISCAYNE, FL 33149

Title: DVP () Delete
Name: CUTHBERTSON, MARTHA
Address: 635 ALLENOALE RD
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: R. BRUCE CUTHBERTSON

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01/06/2009

Electronic Signature of Signing Officer or Director

Date