

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000047162

FILED
Mar 21, 2009
Secretary of State

Entity Name: AMARETTO 13 CORPORATION

Current Principal Place of Business:

104 CRANDON BLVD
SUITE 320
KEY BISCAYNE, FL 33149 US

New Principal Place of Business:

Current Mailing Address:

329 GRANELLO AVENUE
CORAL GABLES, FL 33146 US

New Mailing Address:

420 S. DIXIE HIGHWAY
4B
CORAL GABLES, FL 33146 US

FEI Number: 65-0431176

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES REGISTERED AGENTS, INC.
329 GRANELLO AVENUE
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

UNITED STATES REGISTERED AGENTS, INC.
420 S. DIXIE HIGHWAY
4B
CORAL GABLES, FL 33146 US

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:

03/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BREVE, FEDERICO T
Address: 104 CRANDON BLVD STE 320
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VD () Delete
Name: BREVE, MARITZA P
Address: 104 CRANDON BLVD STE 320
City-St-Zip: KEY BISCAYNE, FL 33149

Title: SD () Delete
Name: BREVE, MONIQUE
Address: 104 CRANDON BLVD., SUITE 320
City-St-Zip: KEY BISCAYNE, FL 33149

Title: TD () Delete
Name: BREVE, FEDERICO M
Address: 104 CRANDON BLVD STE 320
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: PEREIRA, EDUARDO X
Address: 104 CRANDON BLVD STE 320
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:

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

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: EDUARDO PEREIRA

D

03/21/2009

Electronic Signature of Signing Officer or Director

Date