


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000029100 1. Entity Name DE VECCHI ALMARO CORPORATION			
Principal Place of Business 12000 BISCAYNE BLVD SUITE 507 MIAMI, FL 33181		Mailing Address 12000 BISCAYNE BLVD SUITE 507 MIAMI, FL 33181	
DO NOT WRITE IN THIS SPACE		03102008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0483920	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIARATO, UGO V 12000 BISCAYNE BLVD 9999 NE 3RD AV. SUITE 507 SUITE 218 MIAMI, FL 33181 MIAMI SHARES FL 33138		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: <u><i>Ugo Chiarato</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		DO NOT WRITE IN THIS SPACE	
TITLE	PTD		
NAME	DE VECCHI, ALESSANDRO		
STREET ADDRESS	5445 COLLINS AVE., TS-11		
CITY-ST-ZIP	MIAMI BEACH, FL 33140		
TITLE	SD		
NAME	ADDOLORATA, FERLINO		
STREET ADDRESS	5445 COLLINS AVE., TS11		
CITY-ST-ZIP	MIAMI BEACH, FL 33140		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: <u><i>A. De Vecchi</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		APR 03 - 2008 Date Daytime Phone #	