

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED ATX1
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT #. P94000089131
1. Entity Name AMICI'S TRATTORIA INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10201 HAMMOCKS BLVD Suite, Apt. #, etc. UNIT 140 City & State MIAMI, FL Zip 33196	3. Mailing Address SAME Suite, Apt. #, etc. SAME City & State MIAMI FL Zip 33196	Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0539793	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name ENRIQUE APICELLA	
Street Address (P.O. Box Number is Not Acceptable) 10201 HAMMOCKS BLVD UNIT 140	
City MIAMI	Zip Code 33196

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ENRIQUE APICELLA 10201 HAMMOCKS BLVD UNIT 140 MIAMI FL 33196
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11.	TITLE NAME STREET ADDRESS CITY-ST-ZIP U000000021102 01/29/04-80034-016 150.00
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: 	1/19/04 (305) 358-3181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #