

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

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90295 020 ***150.00

DOCUMENT # P94000089131	
1. Entity Name	
AMICI's TRACTTORIA ITALIANA INC	

DO NOT WRITE IN THIS SPACE

50050969

2. Principal Place of Business 10201 HAMMONDS BLVD		3. Mailing Address SAME	
Suite, Apt. #, etc. UNIT 140		Suite, Apt. #, etc. SAME	
City & State MIAMI, FL		City & State SAME	
Zip 33196	Country USA	Zip SAME	Country

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 65-0539793		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name ENRIQUE APICELLA		
	Street Address (P.O. Box Number is Not Acceptable) 10201 HAMMONDS BLVD UNIT 140		
City MIAMI		FL	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. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ENRIQUE APICELLA 10201 HAMMONDS BLVD MIAMI FL 33196	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 on an attachment with an address, with all other like empowered.

SIGNATURE:

ENRIQUE APICELLA PRESIDENT

4/28/2005

305-388-3787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #