FILED
Mar 24, 2008 8:00 am
Secretary of State
03-24-2008 90057 017 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000089131

1. Entity Name

AMICI'S TRATTORIA INC

DO NOT WRITE IN THIS SPACE

40051060

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10201 HAMMOCKS BLVD	SAME
Suite, Apt. #, etc.: # 140	Suite, Apt. #, etc.: SAME
City & State: MIAMI, FL	City & State: SAME
Zip: 33196-3783 / Country: USA	Zip: SAME / Country: USA

4. FEI Number: 65-0539793 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: ENRIQUE E APICELLA

Street Address (P.O. Box Number is Not Acceptable): 10201 HAMMOCKS 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 _____ 1/24/2008

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

TITLE	P
NAME	ENRIQUE A APICELLA
STREET ADDRESS	10201 HAMMOCKS BLVD # 140
CITY-ST-ZIP	MIAMI FL 33196
TITLE	VPT
NAME	JANET APICELLA
STREET ADDRESS	10201 HAMMOCKS BLVD # 140
CITY-ST-ZIP	MIAMI FL 33196
TITLE	
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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 A APICELLA 1/24/2008 305-388-3787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #