## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000029755

1. Corporation Name TRE FIGLI, INC.

## Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90122 005 \*\*\*150.00



						_}		
Principal Place	e of Business	Mailing Address			1		HEIR IRIN HEROT	#1107 #111 1001
11504 W SAMPLE RD 11504 W SAMPLE RD								
CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065						DO NOT WRITE IN THI	S SPACE	
						3. Date Incorporated or Qualifed		
						04/12/1995		
3 Dringing P	loss of Business	2a. Mailing Address		—		4. FEI Number	T A	pplied For
	I Place of Business 2a. Mailing Address 26					65-0585123	<b>⊢</b>	lot Applicable
26     Suite, Apt. #, etc.   Suite, Apt. #, etc.							\$8.75	Additional
22	7 ******					5. Certifcate of Status Desired	Fee R	tequired
City & Stat	9	City & State	•			6. Election Campaign Financing	\$5.00	May Be
23		28	. 7			- Trust Fund Contribution	- Added	to Fees
Zip	Country	Zip	Соп	ntry		8. This corporation owes the current year li		!
24	25	29	30			Personal Property Tax.	Yes	No
	9. Name and Address of Current	Registered Agent		<u> </u>	******	10. Name and Address of New Registere	1 Agent	
0505	ONE CONCETTA			81	Name			
CERBONE, CONCETTA				82) Street Address (P.O. Box Number is Not Acceptable)				
11504 W SAMPLE RD								
COR	AL SPRINGS FL 33065			83				
				84	City		<b>85</b> Zip	Code
					•	pration submits this statement for the purpose of		
SIGNATURE	Signature, typed or printed name of registered agent	· · · · · · · · · · · · · · · · · · ·		Ageni	t signature required			
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	DPVS	☐ DELETE	1.1 77	ΠE			Change	☐ Addition
NAME	CERBONE, CONCETTA		1.2 N		-			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL 33065			TY-ST	-ZIP		Change	Addition
TITLE	T	☐ DELETE	2.1 TI				□ Citalige	☐ Madition
NAME	CERBONE, CONCETTA		2.2 N					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL 33065	☐ DELETE	_	πy-s	T-ZIP		☐ Change	Addition
TITLE		□ VELETE	3.1 TI					(
NAME -		•	3.2 N/			· · · · · · · · · · · · · · · · · · ·		*
STREET ADDRESS	1				ADDRESS			
CITY-ST-ZIP		☐ DELETE	3.4. C	1TY-S	1-41		Change	Addition
TITLE		C: Nerele	4.1 (I					
NAME					ADDOCCO			
STREET ADDRESS			8		ADDRESS			
C/TY-ST-ZIP		☐ DELETE	4.4 CI 5.1 TI	TY-SI	1-ZIP		☐ Change	Addition
TITLE			5.1 N					
NAME					ADORESS			
STREET ADDRESS		,		TY-S1	i i			
CITY-ST-ZIP	i		5					

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

☐ Change

☐ Addition