

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000062290

1. Entity Name
S17TPA, CORP.



Principal Place of Business
**6201 NW 102ND AVE
DORAL, FL 33178**

Mailing Address
**7845 NW 57TH ST
DORAL, FL 33166**



01182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
47-0879696

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BONVECCHIO, ALAIN M
7845 NW 57TH ST
DORAL, FL 33166**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BONVECCHIO, ALAIN M
STREET ADDRESS	7845 NW 54TH ST
CITY-STATE-ZIP	DORAL, FL 33166
TITLE	VP
NAME	BONVECCHIO C., ALAIN
STREET ADDRESS	7845 NW 57TH ST
CITY-STATE-ZIP	DORAL, FL 33166
TITLE	TS
NAME	BONVECCHIO C., ADOLFO H
STREET ADDRESS	7845 NW 57TH ST
CITY-STATE-ZIP	DORAL, FL 33166
TITLE	S
NAME	BONVECCHIO C., ARIANNE B
STREET ADDRESS	7845 NW 57TH ST
CITY-STATE-ZIP	DORAL, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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04/06/07-80030-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Alain Bonvecchio 01-19-07 (726)

285-0712