
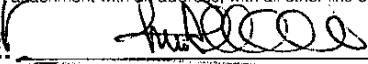


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2006 8:00 am
Secretary of State

06-08-2006 90003 020 ***158.75

| | | | | | |
|---|--|---|--|---|--|
| DOCUMENT # P96000062358 | | | |  | |
| 1. Entity Name SIATPO, CORP. | | | | | |
| Principal Place of Business 5101 NW 79 AVE MIAMI, FL 33166 | | | Mailing Address 5101 NW 79 AVE MIAMI, FL 33166 | | |
| 2. Principal Place of Business 7845 NW 57th St. Suite, Apt. #, etc. | | 3. Mailing Address 7845 NW 57th St. Suite, Apt. #, etc. | | | |
| City & State Doral FL | | City & State Doral FL | | 4. FEI Number 30-0095999 | |
| Zip 33166 | | Zip 33166 | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BONVECCHIO, ALAIN M 5101 NW 79th Avenue 7845 NW 57th St. MIAMI, FL 33166 | | | 7. Name and Address of New Registered Agent Name: Bonvecchio ALAIN M. Street Address (P.O. Box Number is Not Acceptable): 7845 NW 57th St. City: Doral FL Zip: 33166 | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BONVECCHIO, ALAIN M 5101 NW 79th Avenue 7845 NW 57th St. MIAMI, FL 33166 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BONVECCHIO C., ALAIN 5101 NW 79th Avenue 7845 NW 57th St. MIAMI, FL 33166 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TS BONVECCHIO C., ADOLFO H 5101 NW 79th Avenue 7845 NW 57th St. MIAMI, FL 33166 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BONVECCHIO C., ARIANNE B 5101 NW 79th Avenue 7845 NW 57th St. MIAMI, FL 33166 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| 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:  ALAIN M. Bonvecchio 5-31-06 (786) 285-0712 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |

40095123



05152006 Chg-P CR2E034 (11/05)

4. FEI Number
30-0095999

Applied For
Not Applicable

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

BONVECCHIO, ALAIN M
5101 NW 79th Avenue 7845 NW 57th St.
MIAMI, FL 33166

Name: Bonvecchio ALAIN M.

Street Address (P.O. Box Number is Not Acceptable): 7845 NW 57th St.

City: Doral FL Zip: 33166

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BONVECCHIO, ALAIN M 5101 NW 79th Avenue 7845 NW 57th St. MIAMI, FL 33166 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BONVECCHIO C., ALAIN 5101 NW 79th Avenue 7845 NW 57th St. MIAMI, FL 33166 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TS BONVECCHIO C., ADOLFO H 5101 NW 79th Avenue 7845 NW 57th St. MIAMI, FL 33166 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BONVECCHIO C., ARIANNE B 5101 NW 79th Avenue 7845 NW 57th St. MIAMI, FL 33166 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 #

ATTACHMENT

40095125



Division of Corporations

Annual Report

Annual Report Help

Document Number

P96000062358

Business Entity Name

SIATPO, CORP.

FEI Number

300095999

FEI Number Status

Listed Above

Applied For

Not Applicable

Certificate of Status Desired

Yes

No

\$8.75 each

Election Campaign Financing Trust Fund Contribution

Yes

No

Principal Place of Business

Address

7845 NW 57th STREET

Suite, Apt. #, etc.

City, State

DORAL

, FL

Zip Code & Country 33166

Mailing Address

Address

7845 NW 57th STREET

Suite, Apt. #, etc.

City, State

DORAL

, FL

Zip Code & Country 33166

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

BONVECCHIO

, ALAIN

, M

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 7845 NW7 th STREET

Suite, Apt. #, etc.

City, State

DORAL

, FL

Zip Code & Country

33166

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

ATTACHMENT40095125
#P96800062388

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature BONVECCHIO ALAIN M.

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title P
Name (Last, First, Middle, Title) BONVECCHIO, ALAIN, M

- OR -

Entity Name to serve as
Officer/Director

Street Address 7845 NW 57th STREET
City, State DORAL, FL
Zip Code & Country 33166

Title VP
Name (Last, First, Middle, Title) BONVECCHIO C., ALAIN

- OR -

Entity Name to serve as
Officer/Director 7845 NW 57th STREET

Street Address
City, State DORAL, FL
Zip Code & Country 33166

Title TS
Name (Last, First, Middle, Title) BONVECCHIO C., ADOLFO, H

- OR -

Entity Name to serve as
Officer/Director

Street Address 7845 NW 57th STREET
City, State DORAL, FL
Zip Code & Country 33166

Title S

ATTACHMENT 40095125
HP 96000062358

Name (Last, First, Middle, Title) . BONVECCHIO C. , ARIANNE , B ,

- OR -

Entity Name to serve as
Officer/Director

Street Address 7845 NW 57th STREET

City, State DORAL , FL

Zip Code & Country 33166

Title

Name (Last, First, Middle, Title) , , ,

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title) , , ,

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title PRES

Officer/Director Signature BONVECCHIO ALAIN M.

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue Reset