FILED
May 02, 2007 8:00 am
Secretary of State
05-02-2007 90107 020 ***158.75

FIT CORPORATION
AL REPORT

019286

URANT AND CATERING

40101531

Mailing Address
1717 N BAYSHORE DR.
APT. 3044
MIAMI, FL 33132 US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | County

04302007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0731887

Applied For
Not Applicable

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

Current Registered Agent

MIAMI, FL 33137

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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:

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	VP	☐ Delete
NAME	OLIVIERI, RICARDO	
STREET ADDRESS	510 OCEAN DR	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	P	☐ Delete
NAME	PIREDDA, LUDOVICO	
STREET ADDRESS	600 BRICKELL AVE STE 107	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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: 4/30/07

Date

FILED
2007 APR 30 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ABELLA GARCIA GUELL & CO