

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2007 8:00 am
Secretary of State

08-23-2007 90022 029 ***150.00

DOCUMENT # P98000022380

1. Entity Name
ALFIERI REALTY CORP.



Principal Place of Business
**15100 HUTCHINGSON ROAD
TAMPA, FL 33624 US**

Mailing Address
**3708 GREENERY CT.
UNIT 208
TAMPA, FL 33618-4419 US**

4012000000



2. Principal Place of Business - No R.O. Box #
4928 Bay Way A

3. Mailing Address
4928 Bay Way Pl

Suite, Apt. #, etc.
Tampa FL

Suite, Apt. #, etc.
Tampa FL

City & State
Tampa FL

City & State
Tampa FL

Zip
33629

Country
USA

Zip
33629

Country
USA

08132007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3503311

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ALFIERI, GASPER
3708 GREENERY CT
UNIT 208
TAMPA, FL 33618**

7. Name and Address of New Registered Agent

Name **Carmen DiGerlando**

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

4928 Bay Way Dr

City **Tampa**

FL

Zip Code **33629**

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 **Carmen DiGerlando**

8-14-07

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 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **ALFIERI, GASPER**
STREET ADDRESS **3708 GREENERY CT UNIT 208**
CITY-ST-ZIP **TAMPA, FL 33618**

TITLE **P** ☐ Delete
NAME **ALFIERI, GASPER**
STREET ADDRESS **3708 GREENERY CT. UNIT 208**
CITY-ST-ZIP **TAMPA, FL 33618**

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 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **Carmen DiGerlando**
STREET ADDRESS **4928W Bay Way Dr**
CITY-ST-ZIP **Tampa FL 33629**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
NAME **Carmen Perez**
STREET ADDRESS **4923 New Providence Ave**
CITY-ST-ZIP **Tampa, FL 33629**

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 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: **Carmen DiGerlando**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-13-07 813-461-8715
Date Daytime Phone #

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

FLORIDA CERTIFICATE OF DEATH

1. DECEASED'S NAME (First, Middle, Last, Suffix) Casper Alfieri		2. SEX Male	
3. DATE OF BIRTH (Month, Day, Year) April 18, 1948		4. AGE-Last Birthday (Years) 58	
5. SOCIAL SECURITY NUMBER 262-84-3893		6. BIRTHPLACE (City and State of Foreign Country) Tampa, Florida	
7. PLACE OF DEATH HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival NON-HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		8. COUNTY OF DEATH Hillsborough	
9. FACILITY NAME (If not institution, give street address) 3708 Greenery Ct. #208		10. CITY, TOWN, OR LOCATION OF DEATH Tampa	
11. MARITAL STATUS (Specify) <input type="checkbox"/> Married <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Never Married		12. SURVIVING SPOUSE'S NAME (If wife, give maiden name) None	
13. RESIDENCE - STATE Florida		14. COUNTY Hillsborough	
15. STREET ADDRESS 3708 Greenery Ct.		16. CITY, TOWN, OR LOCATION Tampa	
17. DECEASED'S USUAL OCCUPATION (Indicate type of work done during most of working life) Agent/Broker		18. FOND OF BUSINESS/INDUSTRY Real Estate	
19. DECEASED'S RACE (Specify the race/ethnicity to indicate what decedent considered himself/herself to be. More than one race may be specified) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native (Specify tribe) <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Is. (Specify) <input type="checkbox"/> Other (Specify)			
20. DECEASED'S HISPANIC OR HAITIAN ORIGIN (Specify if Hispanic, give Hispanic origin) <input type="checkbox"/> Yes (If Yes, specify) <input checked="" type="checkbox"/> No <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Central/South American <input type="checkbox"/> Haitian <input type="checkbox"/> Other Hispanic (Specify)			
21. DECEASED'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death) <input type="checkbox"/> 8th or less <input type="checkbox"/> High school but no diploma <input type="checkbox"/> High school diploma or GED <input type="checkbox"/> College less than degree <input type="checkbox"/> College degree (Specify) <input type="checkbox"/> Associate <input checked="" type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate			
22. WAS DECEASED EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23. FATHER'S NAME (First, Middle, Last, Suffix) Tom Alfieri		24. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Frisco	
25. INFORMANT'S NAME Carmen DiGerlando		26. RELATIONSHIP TO DECEASED Niece	
27. CITY OR TOWN Tampa		28. STATE Florida	
29. STREET ADDRESS 4928 W. Bay Way Drive		30. ZIP CODE 33629	
31. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Myrtle Hill Memorial Park		32. LOCATION - CITY OR TOWN Tampa	
33. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)		34. LOCATION - STATE Florida	
35. IS CREMATION DONATION OR BURIAL AT SEA? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		36. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH FES995	
37. NAME OF FUNERAL FACILITY Marsicano-B-Marion Reed-Stowers Funeral Home		38. FACILITY'S MAILING - STATE Florida	
39. CITY OR TOWN Tampa		40. STREET ADDRESS 4040 Henderson Boulevard	
41. ZIP CODE 33629		42. DATE SIGNED (Month/Day/Year) 11/27/06	
43. TIME OF DEATH (Hour/Minute) 12:45		44. MEDICAL EXAMINER'S CASE NUMBER 06-1-3 06-8-3-8	
45. LICENSE NUMBER (if Certified) MR-81721		46. CERTIFIER'S NAME Sam P. Gulino, M.D.	
47. CERTIFIER'S STATE Florida		48. CITY OR TOWN Tampa	
49. STREET ADDRESS 401 S. Morgan St.		50. ZIP CODE 33602	
51. SIGNATURE [Signature]		52. DATE FILED BY REGISTRAR (Month/Day/Year) NOV 30 2006	

CHIEF/DEPUTY REGISTRAR

DEC 01 2006

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA ON THE FRONT AND THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THE MARGIN.

DH FORM 1946 (06-01)

23076688

CERTIFICATION OF VITAL RECORD



* 33021 LAA *

ATTACHMENT

40129972

P98000022380

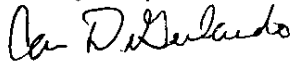
8-20-07

Division of Corporations
PO BOX 4500
Tallahassee, FL 32302

TO WHOM IT MAY CONCERN:

The President of Alfieri Realty Corporation is deceased. The annual report was never filed due to his death. Please accept the payment of \$150.00 minus the late fees due to the death. The new officers are stated.

Thank you,



Carmen DiGerlando