

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000010604

**FILED**  
**Apr 15, 2015**  
**Secretary of State**  
**CC0220376632**

**Entity Name:** MIAMI SCIENTIFIC ITALIAN COMMUNITY, INC.

**Current Principal Place of Business:**

C/O NEVIO BOCCANERA  
2 SOUTH BISCAYNE BOULEVARD, SUITE 1880  
MIAMI, FL 33131

**Current Mailing Address:**

C/O NEVIO BOCCANERA  
2 SOUTH BISCAYNE BOULEVARD, SUITE 1880  
MIAMI, FL 33131 US

**FEI Number:** 47-2465061

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

BOCCANERO, NEVIO  
C/O ITALY-AMERICA CHAMBER OF COMMERCE SE  
2 SOUTH BISCAYNE BOULEVARD, SUITE 1880  
MIAMI, FL 33131 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PILEGGI , ANTONELLO  
Address        C/O NEVIO BOCCANERA  
                  2 SOUTH BISCAYNE BOULEVARD,  
                  SUITE 1880  
City-State-Zip: MIAMI FL 33131

Title            VP  
Name            DE FURIA, FABIO  
Address        C/O NEVIO BOCCANERA  
                  2 SOUTH BISCAYNE BOULEVARD,  
                  SUITE 1880  
City-State-Zip: MIAMI FL 33131

Title            SECRETARY  
Name            FORNONI , ALESSIA  
Address        C/O NEVIO BOCCANERA  
                  2 SOUTH BISCAYNE BOULEVARD,  
                  SUITE 1880  
City-State-Zip: MIAMI FL 33131

Title            TREASURER  
Name            NANNI, ANTONIO  
Address        C/O NEVIO BOCCANERA  
                  2 SOUTH BISCAYNE BOULEVARD,  
                  SUITE 1880  
City-State-Zip: MIAMI FL 33131

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANTONELLO PILEGGI

**PRESIDENT**

**04/15/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date