

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000009864

**FILED**  
**Jan 15, 2019**  
**Secretary of State**  
**6507715853CC**

**Entity Name:** ALBANIAN AMERICAN ORGANIZATION OF SW FLORIDA, INC

**Current Principal Place of Business:**

11983 TAMIAMI TRAIL NORTH  
SUITE #101  
NAPLES, FL 34110

**Current Mailing Address:**

11983 TAMIAMI TRAIL NORTH  
SUITE #101  
NAPLES, FL 34110 US

**FEI Number:** 82-3009838

**Certificate of Status Desired:** No

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

BREGA, PITER  
11983 TAMIAMI TRAIL N SUITE 101  
NAPLES, FL 34110 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 P  
Name BREGA, PETER  
Address 11983 TAMIAMI TRAIL N SUITE 101  
City-State-Zip: NAPLES FL 34110

Title VP  
Name LAKO, GRIGOR  
Address 1071 ALBANY CT  
City-State-Zip: NAPLES FL 34105

Title S  
Name PURO, GENTIAN  
Address 335 MELROSE PL  
City-State-Zip: NAPLES FL 34104

Title T  
Name MELEQI, ALTIN  
Address 1434 SERRANO CIR  
City-State-Zip: NAPLES FL 34105

*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:** ALTIN MELEQI

**TREASURER**

**01/15/2019**

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

\_\_\_\_\_  
Date