

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000012170

Entity Name: PRECETTI, INC.**Current Principal Place of Business:**3401 N MIAMI AVE, STE 229
MIAMI, FL 33127**Current Mailing Address:**3401 N MIAMI AVE, STE 229
MIAMI, FL 33127**FEI Number:** 14-1921987**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**PASSALACQUA, PAOLO
3401 N MIAMI AVENUE
SUITE 229
MIAMI, FL 33127 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	DPTS
Name	PASSALACQUA, PAOLO
Address	3401 N. MIAMI AVENUE, SUITE 229
City-State-Zip:	MIAMI FL 33127

Title	AS
Name	GRASSI, SARA
Address	3401 N. MIAMI AVENUE, SUITE 229
City-State-Zip:	MIAMI FL 33127

Title	DIRECTOR
Name	POMPILI, RICCARDO
Address	VIA SIENA 3/3
City-State-Zip:	GENOVA GE 16146

Title	AS
Name	MAROLDI, JUSTIN
Address	360 N. CRESCENT DRIVE - SOUTH BUILDING
City-State-Zip:	BEVERLY HILLS CA 90210

Title	AT
Name	WALLOCH, DAWN
Address	360 N. CRESCENT DRIVE - SOUTH BUILDING
City-State-Zip:	BEVERLY HILLS CA 90210

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SARA GRASSI

AS

01/28/2021

Electronic Signature of Signing Officer/Director Detail_____
Date