

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000071174

**Entity Name:** WILLIAM AMEIORSANO ENTERPRISES INC.

**Current Principal Place of Business:**

4057 SW KALLEN STREET  
PORT ST LUCIE, FL 34953

**Current Mailing Address:**

4057 SW KALLEN STREET  
PORT ST LUCIE, FL 34953 US

**FEI Number:** 45-2947890

**Certificate of Status Desired:** No

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

AMEIORSANO, WILLIAM  
4057 SW KALLEN STREET  
PORT ST LUCIE, FL 34953 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            AMEIORSANO, WILLIAM  
Address        4057 SW KALLEN STREET  
City-State-Zip: PORT ST LUCIE FL 34953

*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:** WILLIAM AMEIORSANO

PRESIDENT

01/31/2018

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

\_\_\_\_\_ Date