

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # F53092 1. Entity Name VALENTINO'S NEW YORK STYLE PIZZA & RESTAURANT, INC.	
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Principal Place of Business 3550 S. WASHINGTON AVE. TITUSVILLE, FL 32780	Mailing Address 5645 BOBWHITE TR MIMS, FL 32754
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DO NOT WRITE IN THIS SPACE



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3160084	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**OLIVO JR., JOSEPH
5645 BOB WHITE TRAIL
MIMS, FL 32754**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS OLIVO JR., JOSEPH 1329 CHENEY HWY APT #E TITUSVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH, OLIVO 5645 BOB WHITE TRAIL TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB OLIVO, RONDA J 5645 BOBWHITE TR MIMS, FL 32754
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	1-14-2005	-321-269-9559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #