2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # F53092

1. Entity Name
VALENTINO'S NEW YORK STYLE PIZZA & RESTAURANT, INC.

Principal Place of Business	Mailing Address
3550 S. WASHINGTON AVE. TITUSVILLE, FL 32780	5645 BOBWHITE TR MIMS, FL 32754

01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	OLIVO JR., JOSEPH
STREET ADDRESS	1329 CHENEY HWY APT #E
CITY-ST-ZIP	TITUSVILLE, FL
TITLE	D
NAME	JOSEPH, OLIVO
STREET ADDRESS	5645 BOB WHITE TRAIL
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	COB
NAME	OLIVO, RONDA J
STREET ADDRESS	5645 BOBWHITE TR
CITY-ST-ZIP	MIMS, FL 32754
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000398251
01/30/06-80087-019 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 1-18-2006 321 269-9509
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #