

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90182 006 ***150.00

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01272006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000022595 1. Entity Name CHIARA,S FOOD CORP.			
Principal Place of Business 546 WILLIAM PACA ST. ORANGE PARK, FL 32073 US		Mailing Address 546 WILLIAM PACA ST. ORANGE PARK, FL 32073 US	
2. Principal Place of Business 1410 RUNES CT Suite, Apt. #, etc.		3. Mailing Address 1410 RUNES CT Suite, Apt. #, etc.	
City & State MIDDLEBURG, FL. Zip 32068 Country US		City & State MIDDLEBURG, FL. Zip 32068 Country US	
4. FEI Number 90-0223511		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PORCILLO, JOSEPH SR. 546 WILLIAM PACA ST. ORANGE PARK, FL 32073		7. Name and Address of New Registered Agent Name <u>JOSEPH PORCILLO SR.</u> <u>PRES.</u> Street Address (P.O. Box Number is Not Acceptable) <u>1410 RUNES CT</u> City <u>MIDDLEBURG</u> FL Zip Code <u>32068</u>	
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 <u>Joseph Porcillo Sr. Pres.</u> (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PORCILLO, JOSEPH SR. 546 WILLIAM PACA ST. ORANGE PARK, FL 32073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Joseph Porcillo Sr.</u> SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			