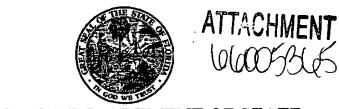
2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # P05000033181 02-16-2006 90043 029 ***150.00 1. Entity Name R. GOVERNATORE'S, INC. Principal Place of Business Mailing Address POPUDUO 3100 N.W. 2 AVE. SUITE 407 BOCA RATON FL 33431 3100 N.W. 2 AVE. SUITE 407 BOCA RATON FL 33431 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite. Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MILLER, COREY P Street Address (P.O. Box Number is Not Acceptable) 1300 N FEDERAL HWY. SUITE 208 **BOCA RATON FL FL** City Zip Code 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 em familiar with, and accept the obligations of registered agent. SIGNATURE Constitute, system or presion custre of registerion agent and fello 4 noblication (NOTE: Rep-sicret) Agent signature resulted when revolutions) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TIEL F RILE **PST** Defete Change Addition NUME GALLUCCI, FRANK NAME STREET ADDRESS STREET ADDRESS 2 BELAIR DRIVE CITY-SI-ZIP BOYNTON BEACH FL 33435 CITY-SI-ZIP TITLE [] Change MILE ☐ Addition ☐ Delete NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change THEF | Debite _ Addition 11516 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change ☐ Addition MAME MAUF STREET ADDRESS STRECT ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition MILE Delete HAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHTY-ST-7IP Deicte TITLE ☐ Change ☐ Addition TIFLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 offect as if made under oath; that I am an officer or director of the corporation or the receiver or distance 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:

FILED

Mar 16, 2006 8:00 am



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 20, 2006

R. GOVERNATORE"S, INC. 3100 N.W. 2 AVE. SUITE 407 BOCA RATON, FL 33431

Subject: R. GOVERNATORE'S, INC.

Reference Number:

P05000033181

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH ANNUAL REPORTS SECTION