

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000038857

Entity Name: CUCINA GIOVANNI, INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

2730 SR 16
SUITE 101
ST. AUGUSTINE, FL 32092 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 352383
PALM COAST, FL 32135 US

New Mailing Address:

FEI Number: 26-2393834

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMARAL, JOHN
26-B LINDSAY DR.
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AMARAL, JOHN
Address: P.O. BOX 352383
City-St-Zip: PALM COAST, FL 32135 US

Title: VP () Delete
Name: BELLONI, KAREN
Address: 1016 WELAKA WAY
City-St-Zip: ST. AUGUSTINE, FL 32092

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN AMARAL

P

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date