


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2006 8:00 am
Secretary of State

07-06-2006 90001 003 ***150.00

DOCUMENT # P99000074283

1. Entity Name
ROSARIO'S RISTORANTE, INC.



Principal Place of Business
108 EDDY LANE
PORT ORANGE, FL 32119

Mailing Address
108 EDDY LANE
PORT ORANGE, FL 32119

50021548



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

07032006 Chg-P CR2E034 (11/05)

City & State
 City & State

4. FEI Number
59-3593790

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VINCI, ROSARIO
108 EDDY LANE
PORT ORANGE, FL 32119

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 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
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	VINCI, ROSARIO M	
STREET ADDRESS	108 EDDY LANE	
CITY-ST-ZIP	PORT ORANGE, FL 32119	
TITLE	V	<input type="checkbox"/> Delete
NAME	VINCI, SUNIA	
STREET ADDRESS	108 EDDY LANE	
CITY-ST-ZIP	PORT ORANGE, FL 32119	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Sunia R. Vinci (Sunia R. Vinci) V.P.* **7/1/06** (386) 212-1330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #