

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90417 033 ***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
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DO NOT WRITE IN THIS SPACE

10000107



01182007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3593790	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**VINCI, ROSARIO
 108 EDDY LANE
 PORT ORANGE, FL 32119**

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VINCI, ROSARIO M 108 EDDY LANE PORT ORANGE, FL 32119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VINCI, SUNIA 108 EDDY LANE PORT ORANGE, FL 32119
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Sunia R. Vinci* *Sunia R. Vinci* *V. P/SO* *4/27/07* *386-212-1330*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #