

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000044019

**FILED**  
**Apr 24, 2018**  
**Secretary of State**  
**CC4928811147**

**Entity Name:** VOLANTE'S INCORPORATED

**Current Principal Place of Business:**

9507 LETTERSTONE CT  
TAMPA, FL 33615

**Current Mailing Address:**

9507 LETTERSTONE CT  
TAMPA, FL 33615

**FEI Number:** 45-3212375

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

VARGAS, SORENY M  
9507 LETTERSTONE CT  
TAMPA, FL 33615 US

*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

**Officer/Director Detail :**

Title P  
Name VOLANTE, VICTOR  
Address 9507 LETTERSTONE CT  
City-State-Zip: TAMPA FL 33615

Title D  
Name VARGAS, SORENY  
Address 9507 LETTERSTONE CT  
City-State-Zip: TAMPA FL 33615

Title D  
Name VOLANTE, ALNAIR C  
Address 9507 LETTERSTONE CT  
City-State-Zip: TAMPA FL 33615

Title VP  
Name GONZALEZ DE VOLANTE, MARYLU  
Address 9507 LETTERSTONE CT  
City-State-Zip: TAMPA FL 33615

*I hereby 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 all other like empowered.*

**SIGNATURE:** SORENY MARIN VARGAS

D

04/24/2018

Electronic Signature of Signing Officer/Director Detail

Date