

2019 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P13000062210

Entity Name: CHEFS OF NAPOLI III, INC.**Current Principal Place of Business:**3487 MISTY VIEW DRIVE
SPRING HILL, FL 34609**Current Mailing Address:**3487 MISTY VIEW DRIVE
SPRING HILL, FL 34609 US**FEI Number:** 46-3338368**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CASTAGNA, EDWARD C JR.
611 DRUID ROAD EAST
STE 717
CLEARWATER, FL 33756 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:** EDWARD C. CASTAGNA, JR.

05/21/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|-------------------------|
| Title | VP |
| Name | BARILE, LUIGI |
| Address | 3487 MISTY VIEW DRIVE |
| City-State-Zip: | SPRING HILL FL 34609 |
| Title | P |
| Name | CACACE, CONCETTA |
| Address | VIA GINO SEVERINI, #6 |
| City-State-Zip: | 80078 MONTERUSCIELLO NA |

| | |
|-----------------|-----------------------------------|
| Title | S |
| Name | CACACE, ANTONIO |
| Address | 10314 VENITIA REAL AVE APT 308 |
| City-State-Zip: | TAMPA FL 33647 |
| Title | T |
| Name | CACACE, ANTONIO |
| Address | 10314 VENITIA REAL AVE APT 308 |
| City-State-Zip: | TAMPA FL 33647 |

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: ANTONIO CACACE**SECRETARY**

05/21/2019

Electronic Signature of Signing Officer/Director Detail

Date