


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 390489 1. Entity Name SANTO'S FROZEN FOOD, INC.	
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Principal Place of Business 2746 MAIN STREET P.O. BOX 4431 TAMPA, FL 33607 US	Mailing Address 2746 MAIN STREET P.O. BOX 4431 TAMPA, FL 33607 US
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03152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1373532	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**ROSNER, GERALDINE L PRESIDE
12313 ASHVILLE DR
TAMPA, FL 33626**

**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 reissuing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	PRES ROSNER, GERALDINE 12313 ASHVILLE DR TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE ROSNER, KENNETH 12313 ASHVILLE DR TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA ZAMBITO, DOLORES 7631 CORTEZ CT TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECR ZAMBITO, SAM 7631 CORTEZ CT TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

00000560022
05/18/06-80023-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Samuel L Rosner

4/28/06

813 875 490

Date

Telephone Number