

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90200 040 \*\*\*158.75

**DOCUMENT # 390489**

1. Entity Name  
**SANTO'S FROZEN FOOD, INC.**



Principal Place of Business  
**2746 MAIN STREET  
TAMPA, FL 33607 US**

Mailing Address  
**P.O. BOX 4431  
TAMPA, FL 33677 US**

60000000



2. Principal Place of Business - No P.O. Box #  
**2746 MAIN ST.**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. BOX 4431**  
Suite, Apt. #, etc.

04302008 Chg-P CR2E034 (12/06)

City & State  
**TAMPA, FL.**

City & State  
**TAMPA, FL.**

4. FEI Number  
**59-1373532**

Applied For  
Not Applied

Zip Country  
**33607 U.S.**

Zip Country  
**33677 U.S.**

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

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name **SAMUEL L. ROSNER**  
Street Address (P.O. Box Number is Not Acceptable)  
**6208 SPRING OAK CT.**  
City **TAMPA** **FL** Zip Code **33625**

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 acknowledge the obligations of registered agent.

SIGNATURE *Geraldine L. Rosner* (GERALDINE L. ROSNER) **4/30/08**  
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, 2008 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	<b>PRES ROSNER, GERALDINE 12313 ASHVILLE DR TAMPA, FL 33626</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE ROSNER, KENNETH 12313 ASHVILLE DR TAMPA, FL 33626</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREA ZAMBITO, DOLORES 12313 ASHVILLE DR TAMPA, FL 33626</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECR ZAMBITO, SAM 12313 ASHVILLE DR TAMPA, FL 33626 (deceased)</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT SAMUEL L. ROSNER 6208 SPRING OAK CT. TAMPA, FL 33625</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE-PRES. GERALDINE L. ROSNER 12313 ASHVILLE DR. TAMPA, FL 33626</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY KENNETH L. ROSNER 12313 ASHVILLE DR. TAMPA, FL 33626</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Samuel L. Rosner* **4/30/08**