

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90052 020 ***150.00

DOCUMENT # 566633

1. Entity Name :

VALENTINI ITALIAN SPECIALTIES, CO.



Principal Place of Business

4290 NW 37TH CT
MIAMI FL 33142

Mailing Address

4290 NW 37TH CT
MIAMI FL 33142

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1802436

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALENTINI-GAMARRA, LISLEI

~~17412 NW 7 ST~~

~~PEMBROKE PINES FL 33029~~

Name

Street Address (P.O. Box Number is Not Acceptable)

4290 N.W. 37ct.

City Miami

FL

Zip Code 33142

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S ☐ Delete
NAME WRIGHT, CELI
STREET ADDRESS 19461 N.W. 8TH ST.
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE S ☒ Change ☐ Addition
NAME Celi Wright Wright, Celi
STREET ADDRESS 4290 NW 37ct.
CITY-ST-ZIP Miami, FL 33142

TITLE P ☐ Delete
NAME GAMARRA VALENTINI, LISLEI
STREET ADDRESS 17412 NW 7 ST
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE P ☒ Change ☐ Addition
NAME Gamarra V. Lislei
STREET ADDRESS 4290 NW 37ct.
CITY-ST-ZIP Miami, FL 33142

TITLE T ☐ Delete
NAME WRIGHT, CELI
STREET ADDRESS 19461 NW 8TH ST.
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE T ☒ Change ☐ Addition
NAME Wright, Celi
STREET ADDRESS 4290 N.W. 37ct.
CITY-ST-ZIP Miami, FL 33142

TITLE VP ☐ Delete
NAME WRIGHT, CHARLES
STREET ADDRESS 19461 N.W. 8TH ST.
CITY-ST-ZIP PEMBROKE PINES FL

TITLE VP ☒ Change ☐ Addition
NAME Wright, Charles
STREET ADDRESS 4290 N.W. 37ct.
CITY-ST-ZIP Miami, FL 33142

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an other like empowered.

SIGNATURE:

Lislei V. Gamarra-P

2/07/05

305-638-3177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #