



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

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| DOCUMENT # F53092 |  |
| 1. Entity Name VALENTINO'S NEW YORK STYLE PIZZA & RESTAURANT, INC. | |

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| Principal Place of Business 3550 S. WASHINGTON AVE. TITUSVILLE, FL 32780 | Mailing Address 5645 BOBWHITE TR MIMS, FL 32754 |
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DO NOT WRITE IN THIS SPACE



01092008 No Chg-P CR2E034 (11/05)

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|---|-------------------------------|
| 4. FEI Number 59-3160084 | Applied For Not Applicable |
| 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 | |
| OLIVO JR., JOSEPH 5645 BOB WHITE TRAIL MIMS, FL 32754 | |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

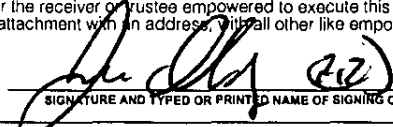
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPS OLIVO JR., JOSEPH 1329 CHENEY HWY APT #E TITUSVILLE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JOSEPH, OLIVO 5645 BOB WHITE TRAIL TITUSVILLE, FL 32780 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | COB OLIVO, RONDA J 5645 BOBWHITE TR MIMS, FL 32754 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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01/16/08-80043-018 150.00

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:  **1/9/2008 (32) 2680783**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #