

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90013 011 ***150.00

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1. Entity Name

IDELSON-GNOCCHI LTD., INC.



Principal Place of Business

12255 NW HWY. 225A
REDDICK, FL 32686

Mailing Address

12255 NW HWY. 225A
REDDICK, FL 32686

DO NOT WRITE IN THIS SPACE



01292006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3558361

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUSSO, MAURIZIO C
12255 NW HWY. 225A
REDDICK, FL 32686

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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, the registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

VICE PRESIDENT

1/30/06

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	CP
NAME	GNOCCHI, GUIDO
STREET ADDRESS	VIA MICHELE PIETRAVALLE, 85
CITY - ST - ZIP	80133 NAPOLI, ITALY,
TITLE	CVST
NAME	RUSSO, MAURIZIO C
STREET ADDRESS	12255 NW HWY. 225A
CITY - ST - ZIP	REDDICK, FL 32686
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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

Date

Daytime Phone #