


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90253 004 ***150.00

DOCUMENT # G23102 1. Entity Name VALDIANO, INC.			
Principal Place of Business MICHAELS RESTAURANT & PIZZA 12309 EAST COLONIAL DR ORLANDO, FL 32826		Mailing Address MICHAELS RESTAURANT & PIZZA 12309 EAST COLONIAL DR ORLANDO, FL 32826	
2. Principal Place of Business 2759 Windsorgate Lane Suite, Apt. #, etc.		3. Mailing Address 2759 Windsorgate Lane Suite, Apt. #, etc.	
City & State Orlando, Florida		City & State Orlando, Florida	
Zip 32827	Country USA	Zip 32828	Country USA
4. FEI Number 59-2267096		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TARDUGNO, MICHELE 12309 E COLONIAL DR ORLANDO, FL 32826		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME TARDUGNO, MICHELE	<input type="checkbox"/> Delete	
STREET ADDRESS 2759 WINDSORGATE LANE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP ORLANDO, FL 32828	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VP	NAME TARDUGNO, THERESA	<input type="checkbox"/> Delete	
STREET ADDRESS 2759 WINDSORGATE LANE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP ORLANDO, FL 32828	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 all other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/18/05 Daytime Phone #	